

## SMALL CLAIMS COMPLAINT

FAIRBORN MUNICIPAL COURT

GREENE COUNTY COURT

Maj Sean Barnett

5132 Brammidge Dr,

Phone No. 435-237-9941

Plaintiff(s)

VS

Eric Barnes

2304 Oakbrook Blvd, Beavercreek OH 45434

Phone No. 937-241-4155

Defendant(s)

Fairborn, Ohio  
Case No. CVI2500181

## TO THE CLERK:

Please take notice that a claim is hereby filed against the above defendant(s) and request that he (they) be summoned to appear in Court to answer same.

## STATEMENT OF CLAIM

ACCOUNT-EXHIBIT 'A' ATTACHED AND MADE A PART HEREOF  
☒ OTHER Statements & Fees

Wherefore plaintiff prays judgment against the defendant in the sum of 6000, plus interest from the 14 day of November, 2023, at the rate of 20 % and costs.

STATE OF OHIO  
COUNTY OFGreene County SS.

## AFFIDAVIT OF COMPLAINANT'S CLAIM

Sean Barnett First being duly sworn, on oath states that \_\_\_\_\_ the Plaintiff(s) in the above entitled cause, that the said cause is for the payment of money that the nature of plaintiff's demand is as stated, and that there is due to plaintiff from the defendant the amount stated above; defendant(s) is/are not now in the military or naval service of the United States.

Subscribed and sworn before me this 3<sup>rd</sup> day of February, 2025D. Carlton  
Clerk, Deputy Clerk, Notary Public

## NOTICE AND SUMMONS IN ACTION FOR MONEY ONLY

To: (1) Eric Barnes

Defendant

(2) \_\_\_\_\_

Defendant

2304 Oakbrook Blvd

Street and Number

Beavercreek, OH 45434

City, State, Zip

Street and Number

City, State, Zip

Maj Sean Barnett ask(s) judgment in this court against you for Six thousand 6000 dollars (\$ 6000 ), plus interest from the 14 day of Nov, 2023 at the rate of 20 % and costs, upon the following claim: False official statements under ORS 292.13 and Perjury under 18 USC 1621  
 The court will hold trial on this claim in the Small Claims Division located at 1148 Kauffman Ave, Fairborn, OH 45324 at 9:00 o'clock A.m. on Wednesday, the 12 day of March, 2025.

If you do not appear at the trial, judgment may be entered against you by default, and your earnings may be subjected to garnishment or your property may be attached to satisfy the judgment. If your defense is supported by witnesses, account books, receipts or other documents, you must produce them at the trial. Subpoena for witnesses, if requested by a party, will be issued by the clerk.

If you admit the claim but desire time to pay, you may make such a request at the trial. IF YOU BELIEVE YOU HAVE A CLAIM AGAINST THE PLAINTIFF, YOU MUST FILE A COUNTERCLAIM WITH THE COURT AND MUST SERVE THE PLAINTIFF AND ALL OTHER PARTIES WITH A COPY OF THE COUNTERCLAIM AT LEAST SEVEN DAYS PRIOR TO THE DATE OF THE TRIAL OF THE PLAINTIFF'S CLAIM.

D. Carlton  
Clerk - Deputy Clerk

3 February 2025

MEMORANDUM FOR SMALL CLAIMS COURT

FROM: Maj Sean Barnett

SUBJECT: Summary of Attachments for Claim

- 1) This attachment contains the erroneous statements from Dr. Barnes submitted to the USAF, including the email attachment where Dr. Barnes removed the prior correspondence appearing to intentionally mislead the USAF and investigator.
- 2) This attachment contains the statements from the Chief of Nephrology, Dr. Bunce, contradicting what Dr. Barnes reported in attachment 1. It also contains the full email chain, showing Dr. Barnes was involved in discussions for months prior. Dr. Barnes and I also spoke in person several times from April – November.
- 3) This attachment contains emails reporting the “curbside consults” from Dr. Barnes as creating problems. His curbside consults created confusion on multiple patients and harmed at least two patients. He was officially consulted in April 2023, however he did not write a note. Dr. Barnes frequently does not write notes on patients despite seeing and treating them.
- 4) This attachment contains Dr. Barnes’ statements under oath, many of which are untrue and/or contradictory.
- 5) This attachment contains a confession from both Dr. Barnes’ and Dr. Gutierrez about reporting me for filing patient safety reports.

# **Attachment**

# **#1**



**DEPARTMENT OF THE AIR FORCE**

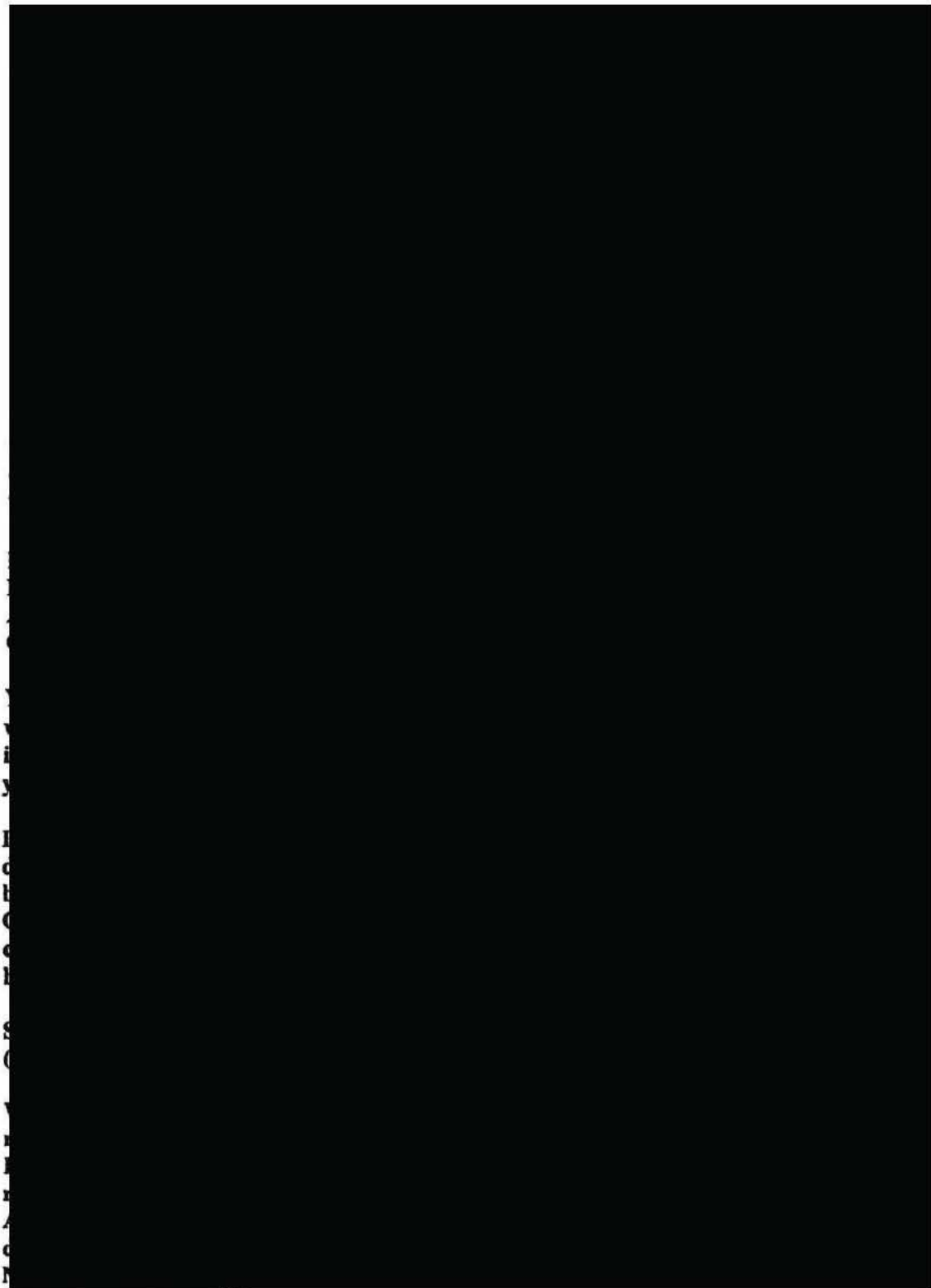
14 November 2023



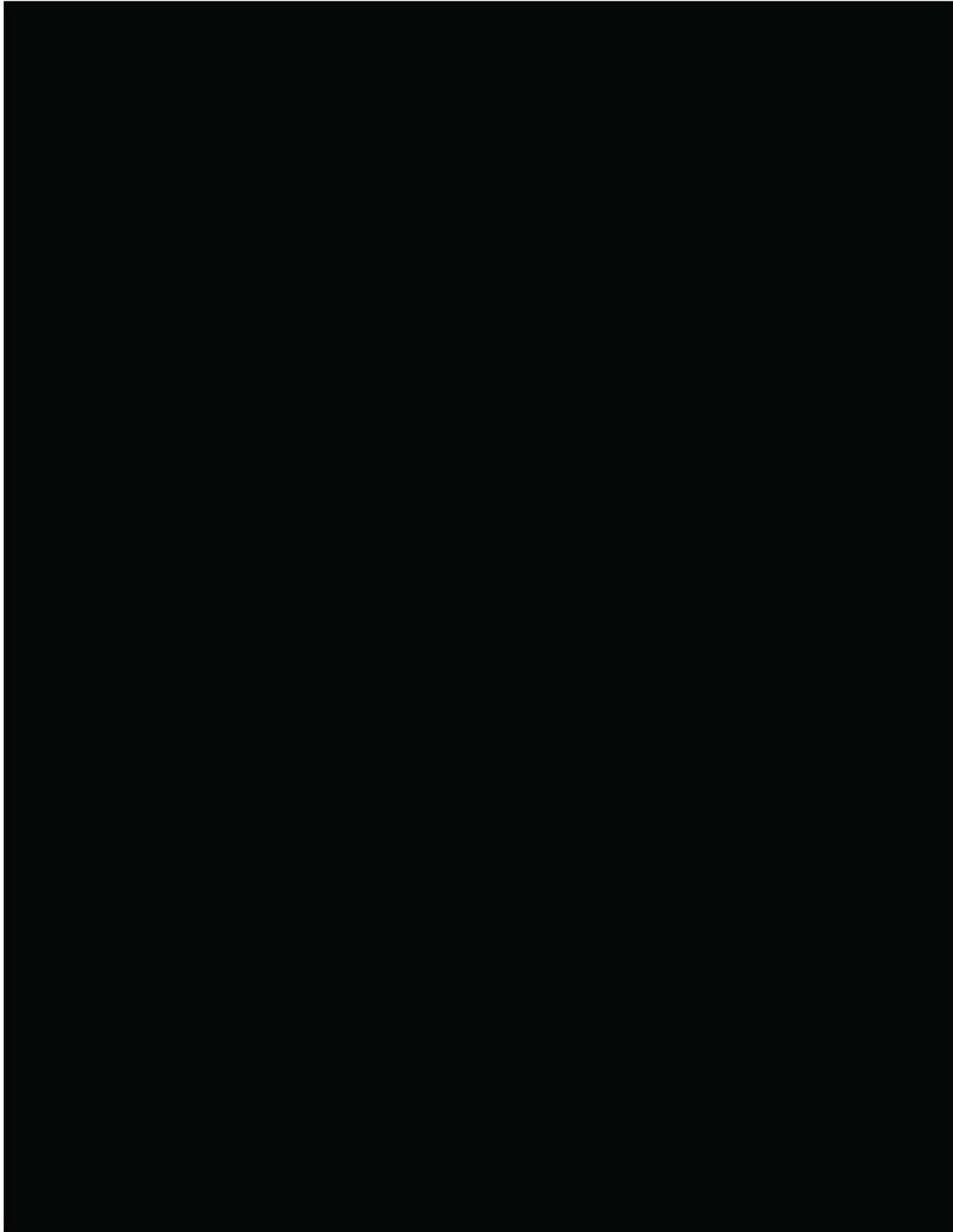
Medical Quality Assurance Program document, protected pursuant to 10 U.S.C. §1102. Copies of this document, enclosures thereto, and information therefrom will only be released in accordance with the law

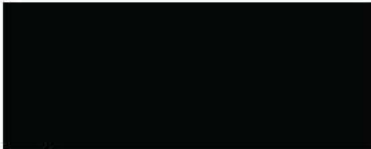
Atch 2

Page 13 of 394

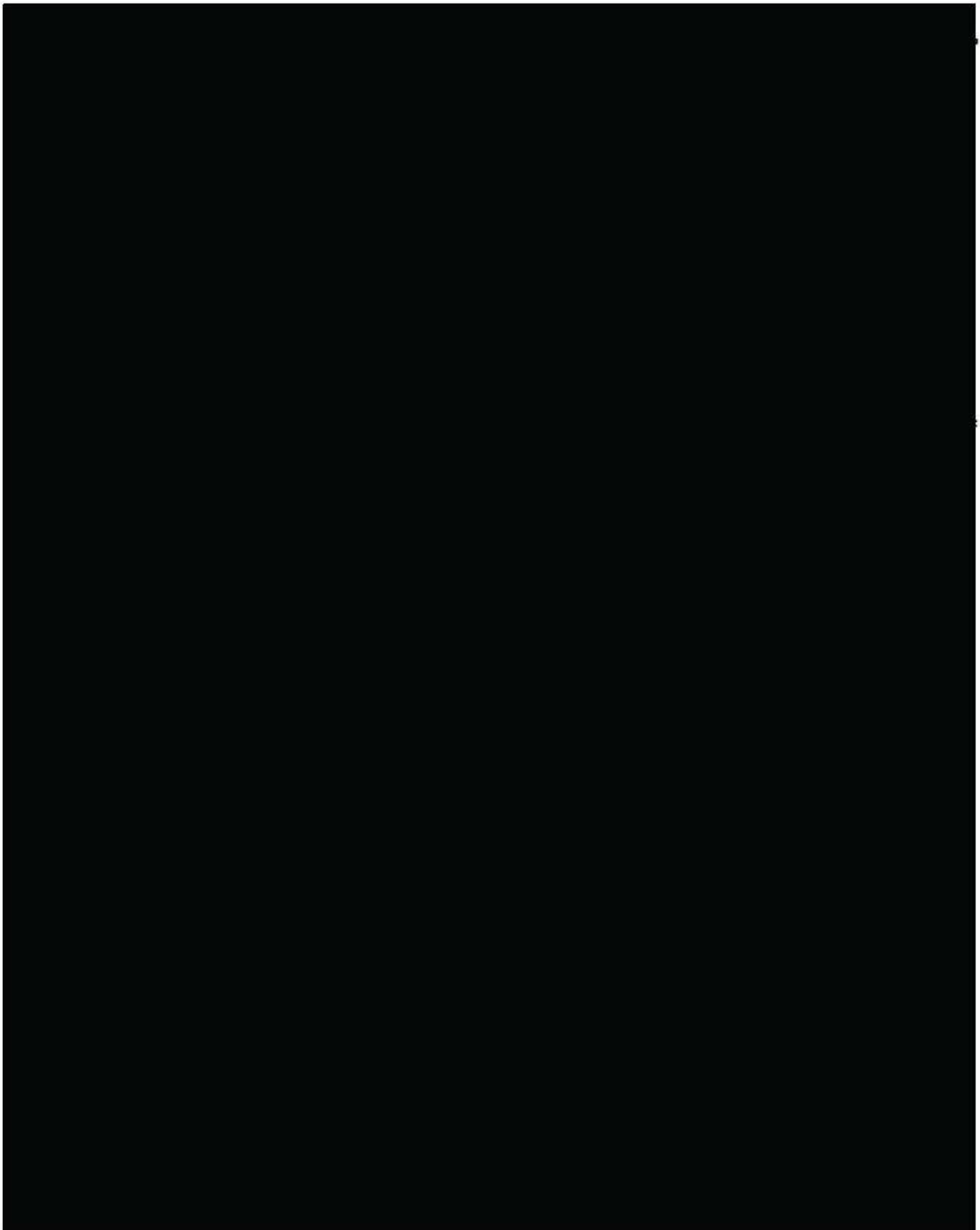


Medical Quality Assurance Program document, protected pursuant to 10 U.S.C. §1102. Copies of this document, enclosures thereto, and information therefrom will only be released in accordance with the law



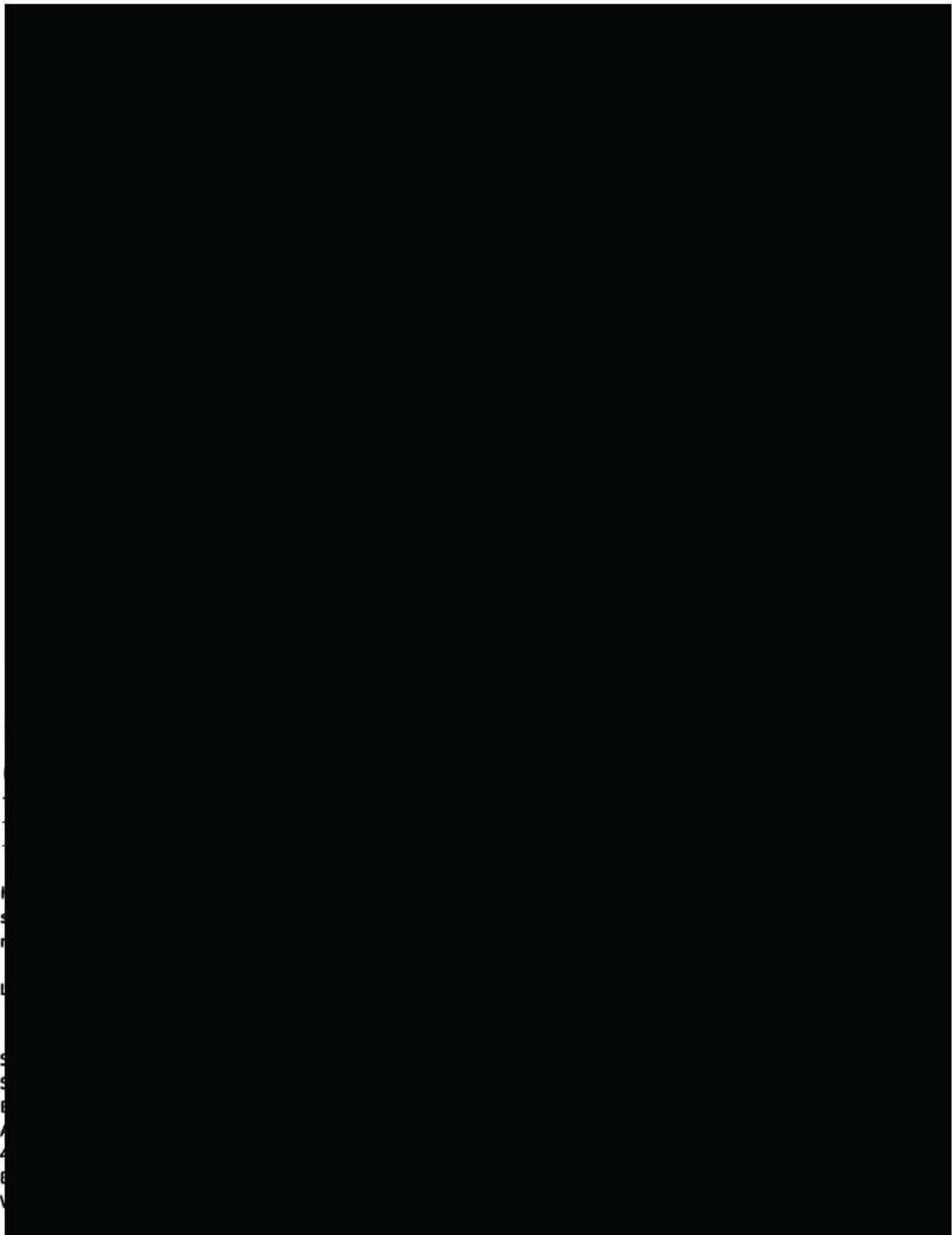






<sup>1</sup>  
Medical Quality Assurance Program document, protected pursuant to 10 U.S.C. §1102. Copies of this document, enclosures thereto, and information therefrom will only be released in accordance with the law

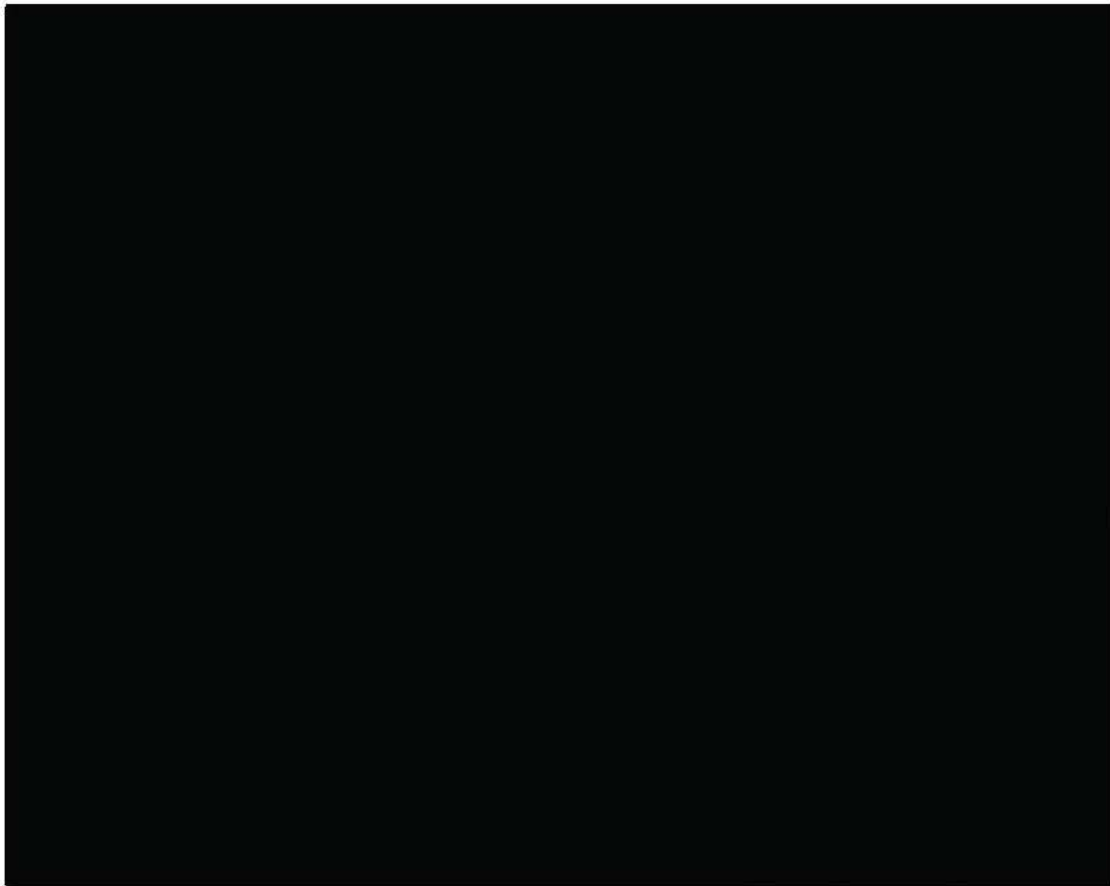


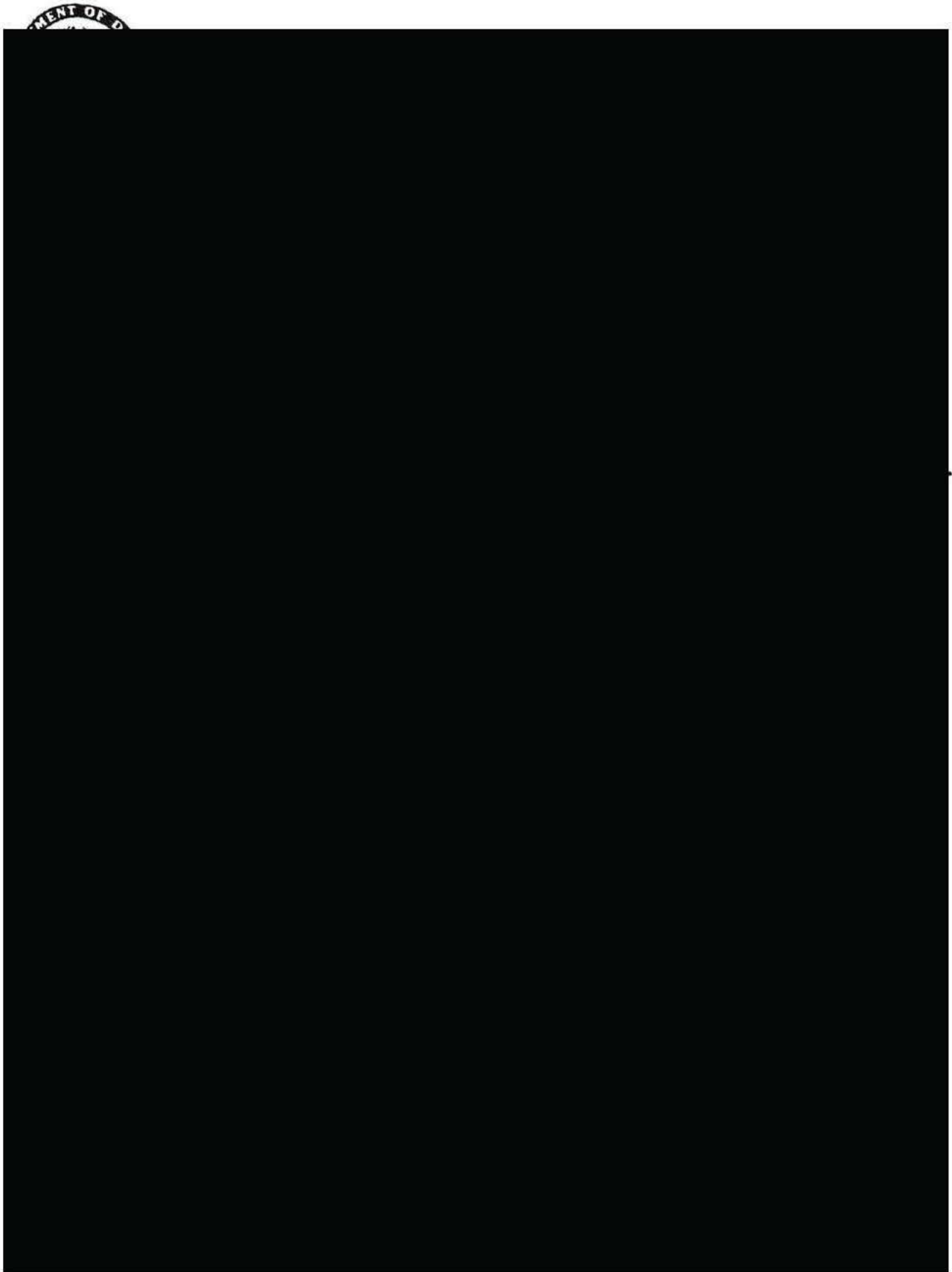


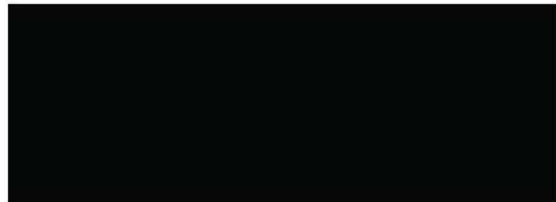
# **Attachment**

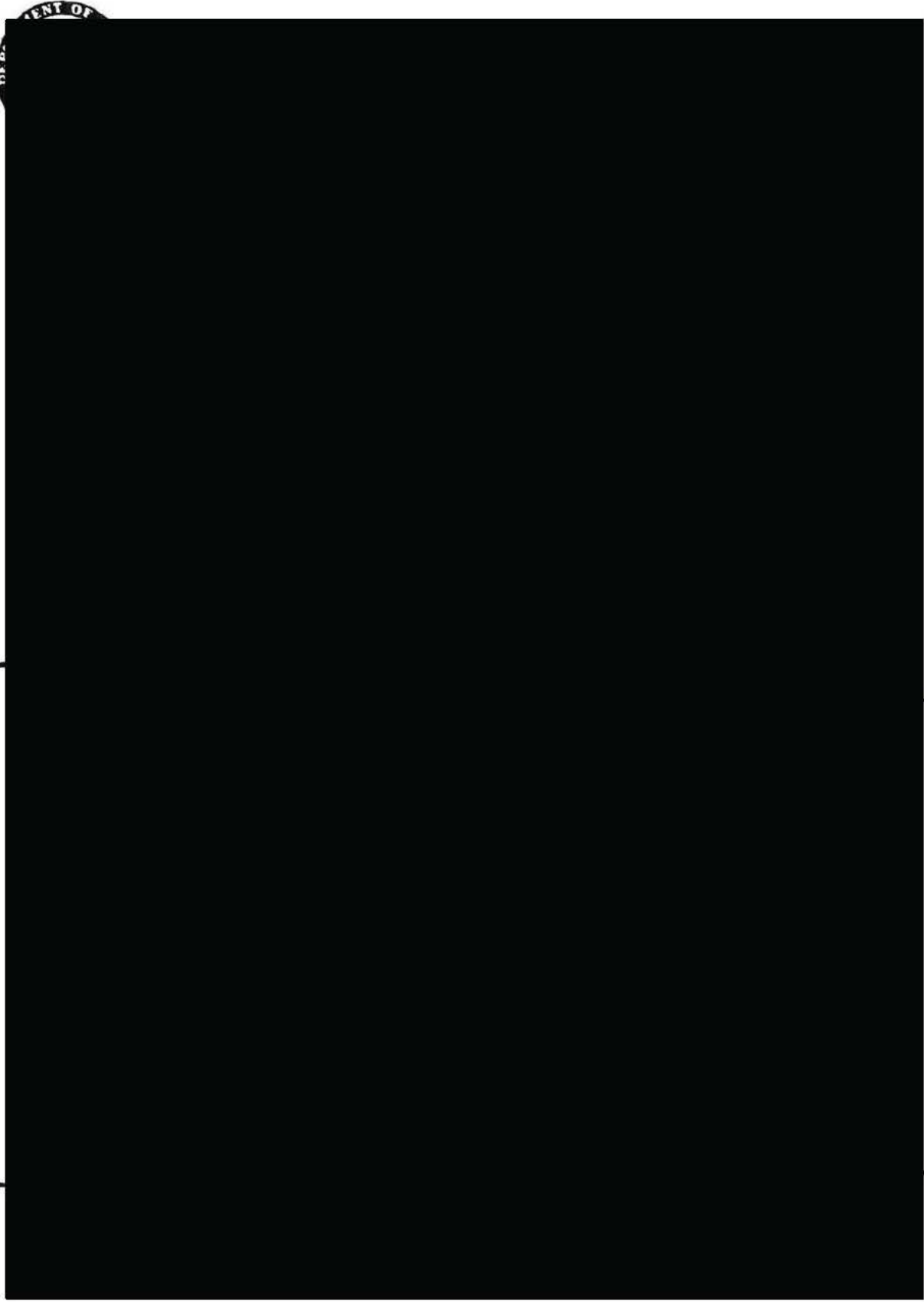
## **#2**











Medical Quality Assurance Program document, protected pursuant to 10 U.S.C. §1102. Copies of this document, enclosures thereto, and information therefrom will only be released in accordance with the law

Atch 3  
Page 17 of 394



**Barnett, Sean P Maj USAF (USA)**

---

**From:** Barnett, Sean P Maj USAF (USA)  
**Sent:** Thursday, November 16, 2023 12:35 PM  
**To:** Barnes, Eric W CIV (USA)  
**Subject:** RE: Patient with concern for Vasculitis

Thank you for the input Sir, the patient will not go for another biopsy.

After discussing this plan of care with my patient and discussing the individual risks/benefits and patient factors (glomerular injury, new glycosuria / albuminuria despite LOW blood sugars, severe nausea/vomiting, and worsening proteinuria) I am going to proceed with this plan of care.

If you would like to offer a curbside, please feel free to come and discuss. I dislike curbsides and they seem to create a lot of troubles here at WPMC, but I am always open to input.

I would like to highlight the continued presence and increased presence of cells, casts, and many findings in the urine? If you can help me find any other diagnosis that explains this, I am open to it? Please let me know ASAP.

Otherwise, please notify me if you or Dr. Bunce or Col Crowder are going to give me an order to "not treat this patient the way I believe is clinically appropriate, based on available evidence and guidelines", in which case I will discuss the order with you all, plead my case, and if you still disagree I will turn the case over to you Sir.

SEAN P. BARNETT, Maj, D.O., USAF  
Staff Nephrologist / 44M3J  
Board Certified Nephrologist & Internist  
Air Force 88th Medical Group (MEDGRP)  
4881 Sugar Maple Drive  
Bldg 830, Rm 1C29  
Wright-Patterson AFB, OH 45433-5529

Email: [sean.p.barnett5.mil@health.mil](mailto:sean.p.barnett5.mil@health.mil)  
DSN 435-237-9941/Comm 435-237-9941

Mailing address:  
88th Medical Group/HCOS  
4881 Sugar Maple Drive  
Wright-Patterson AFB, OH 45433-5529

**From:** Barnes, Eric W CIV (USA) <[eric.w.barnes3.civ@health.mil](mailto:eric.w.barnes3.civ@health.mil)>  
**Sent:** Thursday, November 16, 2023 12:02 PM  
**To:** Barnett, Sean P Maj USAF (USA) <[sean.p.barnett5.mil@health.mil](mailto:sean.p.barnett5.mil@health.mil)>; Wilson, Kelsey R Maj USAF (USA) <[kelsey.r.wilson2.mil@health.mil](mailto:kelsey.r.wilson2.mil@health.mil)>; Vandehei, Anthony G Maj USAF USARMY MEDCOM BAMC (USA) <[anthony.g.vandehei.mil@health.mil](mailto:anthony.g.vandehei.mil@health.mil)>; Foster, Daniel V Maj USAF DHA WRIGHT-PATT 88TH MDG (USA) <[daniel.v.foster4.mil@health.mil](mailto:daniel.v.foster4.mil@health.mil)>

**Cc:** Bunce, Brittaini D Maj USAF DHA WRIGHT-PATT 88TH MDG (USA) <brittaini.d.bunce.mil@health.mil>  
**Subject:** RE: Patient with concern for Vasculitis

Dr Barnett,

If you believe this patient has an RPGN then he needs a renal biopsy to prove the diagnosis.

The Sept 5 biopsy did not show RPGN or C3GN. Labs and serologies, that I have seen, including 7 NOV, do not indicate RPGN.

If you want to pursue immunosuppression in this pt I suggest you admit to MVH where an acute biopsy and appropriate treatment (pulse IV steroids with cyclophosphamide/rituximab) can be given IF a crescentic GN is present.

Dr Barnes

**From:** Barnett, Sean P Maj USAF (USA) <sean.p.barnett5.mil@health.mil>  
**Sent:** Thursday, November 16, 2023 10:32 AM  
**To:** Wilson, Kelsey R Maj USAF (USA) <kelsey.r.wilson2.mil@health.mil>; Vandehei, Anthony G Maj USAF USARMY MEDCOM BAMC (USA) <anthony.g.vandehei.mil@health.mil>; Foster, Daniel V Maj USAF DHA WRIGHT-PATT 88TH MDG (USA) <daniel.v.foster4.mil@health.mil>  
**Cc:** Bunce, Brittaini D Maj USAF DHA WRIGHT-PATT 88TH MDG (USA) <brittaini.d.bunce.mil@health.mil>; Barnes, Eric W CIV (USA) <eric.w.barnes3.civ@health.mil>  
**Subject:** Patient with concern for Vasculitis

Good morning all,

I just saw our mutual patient [REDACTED] This is FYSA only, nothing to do / follow up on, I will follow these things myself.

He is having severe Nausea/Vomiting almost every day now, I told him to stop his Trulicity for a time. I do not think that is the cause, he has been on that for awhile, but it seems simple enough to hold for a bit.

He is having progressive renal failure, and this is not just DM / HTN.

- He has granular casts in urine which were not present before
- He has increased WBCs and RBCs in the urine which were not present and not typical
- He has RBC casts and Dysmorphic RBCs

His renal failure is progressing and he is behaving more like an RPGN or a C3 GN patient. I am going to start him on a short course of steroids, consider MMF, and consider admission for further workup and treatment especially if his nausea/vomiting does not improve.

Let me know if you have any questions, thanks.

SEAN P. BARNETT, Maj, D.O., USAF  
Staff Nephrologist / 44M3J  
Board Certified Nephrologist & Internist  
Air Force 88th Medical Group (MEDGRP)  
4881 Sugar Maple Drive  
Bldg 830, Rm 1C29  
Wright-Patterson AFB, OH 45433-5529

**Barnett, Sean P Maj USAF (USA)**

---

**From:** Barnett, Sean P Maj USAF (USA)  
**Sent:** Thursday, November 16, 2023 10:09 AM  
**To:** Brodsky, Sergey  
**Subject:** RE: Wright Patterson Renal Pathology Puzzle

Thank you Sir, I have never been more grateful to read an email from another provider. I am astonished at what the medical community is allowing to happen, both with PPE and with healthcare education. Especially with the acute risks like your autopsies, but also the Long COVID and the millions who develop disabilities. I am studying the POTS / Dysautonomia components of COVID and it all points me back to the Esophageal Plexus and Vagus Nerve.

I will look at writing these cases up, or having a resident work on it, and I would love to stay in touch and learn more in any way I can. It has been unfortunately rare for me to find another doc who seems to think this disease is as serious as I do.

If OSU or any of your colleagues have discussions / lectures / symposiums on COVID or Long COVID please let me know, I would love to learn from the experts and try and share what things I have found.

Once again Sir, thank you for your time and guidance.

SEAN P. BARNETT, Maj, D.O., USAF  
Staff Nephrologist / 44M3J  
Board Certified Nephrologist & Internist  
Air Force 88th Medical Group (MEDGRP)  
4881 Sugar Maple Drive  
Bldg 830, Rm 1C29  
Wright-Patterson AFB, OH 45433-5529

Email: [sean.p.barnett5.mil@health.mil](mailto:sean.p.barnett5.mil@health.mil)  
DSN 435-237-9941/Comm 435-237-9941

Mailing address:  
88th Medical Group/HCOS  
4881 Sugar Maple Drive  
Wright-Patterson AFB, OH 45433-5529

**From:** Brodsky, Sergey <[Sergey.Brodsky@osumc.edu](mailto:Sergey.Brodsky@osumc.edu)>  
**Sent:** Thursday, November 16, 2023 6:05 AM  
**To:** Barnett, Sean P Maj USAF (USA) <[sean.p.barnett5.mil@health.mil](mailto:sean.p.barnett5.mil@health.mil)>; Dasgupta, Alana <[Alana.Dasgupta@osumc.edu](mailto:Alana.Dasgupta@osumc.edu)>  
**Cc:** Bunce, Brittaini D Maj USAF DHA WRIGHT-PATT 88TH MDG (USA) <[brittaini.d.bunce.mil@health.mil](mailto:brittaini.d.bunce.mil@health.mil)>; Barnes, Eric W CIV (USA) <[eric.w.barnes3.civ@health.mil](mailto:eric.w.barnes3.civ@health.mil)>  
**Subject:** [Non-DoD Source] RE: Wright Patterson Renal Pathology Puzzle

Dr. Barnett and other colleagues,



Yes, it is very intriguing observations and I think that they have a valid point. COVID-19 is a potent trigger of many processes in the body, including autoimmune system. The presence of IgA in some biopsies is not surprising, up to 5% of people have some IgA staining in the kidneys and we consider it accidental, but if a trigger comes (infection), then it may become clinically relevant. The same applies to ANCA, it may be triggered by many factors, including drugs (hydralazine). All your cases have the same time presentation, so probably it was the same COVID variant. I'd write it up, you have good data, and we are happy to help. I do not like COVID either, I am doing autopsies on young people who died from COVID, had two on 45-y.o. last month. This is very dangerous disease and I am really upset that mask wearing is not mandatory anymore.

Thank you for sharing this interesting data,  
Sergey

Sergey Brodsky, MD, PhD  
Professor  
Renal and Transplant Pathology  
Department of Pathology  
The Ohio State University  
333 W 10th Ave  
Graves Hall, 4173  
Columbus, OH, 43210  
Phone: 614-688-5831

**From:** Barnett, Sean P Maj USAF (USA) <[sean.p.barnett5.mil@health.mil](mailto:sean.p.barnett5.mil@health.mil)>  
**Sent:** Wednesday, November 15, 2023 7:44 PM  
**To:** Dasgupta, Alana <[Alana.Dasgupta@osumc.edu](mailto:Alana.Dasgupta@osumc.edu)>; Brodsky, Sergey <[Sergey.Brodsky@osumc.edu](mailto:Sergey.Brodsky@osumc.edu)>  
**Cc:** Bunce, Brittaini D Maj USAF DHA WRIGHT-PATT 88TH MDG (USA) <[brittaini.d.bunce.mil@health.mil](mailto:brittaini.d.bunce.mil@health.mil)>; Barnes, Eric W. CIV (USA) <[eric.w.barnes3.civ@health.mil](mailto:eric.w.barnes3.civ@health.mil)>  
**Subject:** RE: Wright Patterson Renal Pathology Puzzle

Good evening!

Not a problem at all I completely understand we all have a lot on our plates these days. I did also find these interesting articles (attached) along the same lines. It does seem like ANCA might be more prevalent?

I have also spoken to my colleagues here, Dr. Bunce and Dr. Barnes are CC'd, and we would all be interested in working with and learning from your expertise. If there is ever a time we could share or discuss interesting cases, we would be greatly appreciative. Sadly, we do not get enough of that experience here at the base.

Once again, thank you both!

SEAN P. BARNETT, Maj, D.O., USAF  
Staff Nephrologist / 44M3J  
Board Certified Nephrologist & Internist  
Air Force 88th Medical Group (MEDGRP)  
4881 Sugar Maple Drive  
Bldg 830, Rm 1C29  
Wright-Patterson AFB, OH 45433-5529

**Barnett, Sean P Maj USAF (USA)**

---

**From:** Barnett, Sean P Maj USAF (USA)  
**Sent:** Wednesday, November 15, 2023 7:44 PM  
**To:** Dasgupta, Alana; Brodsky, Sergey  
**Cc:** Bunce, Brittaini D Maj USAF DHA WRIGHT-PATT 88TH MDG (USA); Barnes, Eric W CIV (USA)  
**Subject:** RE: Wright Patterson Renal Pathology Puzzle  
**Attachments:** BiopsyStudyCOVAN.pdf, GDcovidANCAlikely.pdf, GDcovidIncidenceRelapse.pdf

---

Good evening!

Not a problem at all I completely understand we all have a lot on our plates these days. I did also find these interesting articles (attached) along the same lines. It does seem like ANCA might be more prevalent?

I have also spoken to my colleagues here, Dr. Bunce and Dr. Barnes are CC'd, and we would all be interested in working with and learning from your expertise. If there is ever a time we could share or discuss interesting cases, we would be greatly appreciative. Sadly, we do not get enough of that experience here at the base.

Once again, thank you both!

SEAN P. BARNETT, Maj, D.O., USAF  
Staff Nephrologist / 44M3J  
Board Certified Nephrologist & Internist  
Air Force 88th Medical Group (MEDGRP)  
4881 Sugar Maple Drive  
Bldg 830, Rm 1C29  
Wright-Patterson AFB, OH 45433-5529


Email: [sean.p.barnett5.mil@health.mil](mailto:sean.p.barnett5.mil@health.mil)  
DSN 435-237-9941/Comm 435-237-9941

Mailing address:  
88th Medical Group/HCOS  
4881 Sugar Maple Drive  
Wright-Patterson AFB, OH 45433-5529

**From:** Dasgupta, Alana <Alana.Dasgupta@osumc.edu>  
**Sent:** Wednesday, November 8, 2023 10:55 AM  
**To:** Barnett, Sean P Maj USAF (USA) <[sean.p.barnett5.mil@health.mil](mailto:sean.p.barnett5.mil@health.mil)>; Brodsky, Sergey <[Sergey.Brodsky@osumc.edu](mailto:Sergey.Brodsky@osumc.edu)>  
**Subject:** [Non-DoD Source] Re: Wright Patterson Renal Pathology Puzzle

MAJ,

Sorry I didn't forward your e-mail sooner. I was waiting for everyone to get back and settled in from ASN. I think Sergey is probably the pathologist that you spoke with. I've CC'ed him on this email and will forward him the write-ups you sent me. TY

  
Pathologically Yours,

Alana D. Dasgupta, MD  
Assistant Professor  
Renal and Breast Pathology  
Ohio State University Wexner College of Medicine

---

**From:** Barnett, Sean P Maj USAF (USA) <[sean.p.barnett5.mil@health.mil](mailto:sean.p.barnett5.mil@health.mil)>  
**Sent:** Tuesday, October 31, 2023 10:15 AM  
**To:** Dasgupta, Alana <[Alana.Dasgupta@osumc.edu](mailto:Alana.Dasgupta@osumc.edu)>  
**Subject:** Wright Patterson Renal Pathology Puzzle

Good morning Ma'am!

I greatly appreciate your time today and all of your colleagues/departments help with our patients here.

I have been following all of these patients since before they had a major change in clinical course, and I saw them all shortly after rapid deteriorations. All of them also had either a confirmed [REDACTED] or suspected [REDACTED] COVID infection within 1-2 months prior to deterioration.

Attached is the summary of all three, I understand if you believe [REDACTED] should not be included or should be assessed separately. I had thought her similarities from the "non-lupus" side of things made the connection between the other two patients stronger (especially when I do not believe the Lupus did this to her based on the LN), but I can see how it seems like she is the outlier.

Also attached is a brief overview of what I have found researching COVID. I am quite obsessed. I have started keeping a log of patients who have dramatic changes in proteinuria without additional explanations (I started collecting patients info around Nov 2022, when I started seeing a LOT of random increases in proteinuria).

Once again, thank you for your time and guidance! I look forward to your reply, but I understand everyone is busy, please no rush. 🍵

SEAN P. BARNETT, Maj, D.O., USAF  
Staff Nephrologist / 44M3J  
Board Certified Nephrologist & Internist  
Air Force 88th Medical Group (MEDGRP)  
4881 Sugar Maple Drive  
Bldg 830, Rm 1C29  
Wright-Patterson AFB, OH 45433-5529

Email: [sean.p.barnett5.mil@health.mil](mailto:sean.p.barnett5.mil@health.mil)  
DSN 435-237-9941/Comm 435-237-9941

Mailing address:  
88th Medical Group/HCOS



**Barnett, Sean P Maj USAF (USA)**

---

**From:** Barnett, Sean P Maj USAF (USA)  
**Sent:** Tuesday, November 7, 2023 11:25 AM  
**To:** Bunce, Brittaini D Maj USAF DHA WRIGHT-PATT 88TH MDG (USA); Barnes, Eric W CIV (USA)  
**Subject:** FW: Wright Patterson Renal Pathology Puzzle  
**Attachments:** WPMC Renal Pathology Cluster.docx; COVID Unraveled.docx; COVID Proteinuria Patients.docx

---

**From:** Barnett, Sean P Maj USAF (USA)  
**Sent:** Tuesday, October 31, 2023 10:15 AM  
**To:** alana.dasgupta@osumc.edu  
**Subject:** Wright Patterson Renal Pathology Puzzle

Good morning Ma'am!

I greatly appreciate your time today and all of your colleagues/departments help with our patients here.

I have been following all of these patients since before they had a major change in clinical course, and I saw them all shortly after rapid deteriorations. All of them also had either a confirmed [REDACTED] or suspected [REDACTED] COVID infection within 1-2 months prior to deterioration.

Attached is the summary of all three, I understand if you believe [REDACTED] should not be included or should be assessed separately. I had thought her similarities from the "non-lupus" side of things made the connection between the other two patients stronger (especially when I do not believe the Lupus did this to her based on the LN), but I can see how it seems like she is the outlier.

Also attached is a brief overview of what I have found researching COVID. I am quite obsessed. I have started keeping a log of patients who have dramatic changes in proteinuria without additional explanations (I started collecting patients info around Nov 2022, when I started seeing a LOT of random increases in proteinuria).

Once again, thank you for your time and guidance! I look forward to your reply, but I understand everyone is busy, please no rush. 🍵

SEAN P. BARNETT, Maj, D.O., USAF  
Staff Nephrologist / 44M3J  
Board Certified Nephrologist & Internist  
Air Force 88th Medical Group (MEDGRP)  
4881 Sugar Maple Drive  
Bldg 830, Rm 1C29  
Wright-Patterson AFB, OH 45433-5529

Email: [sean.p.barnett5.mil@health.mil](mailto:sean.p.barnett5.mil@health.mil)  
DSN 435-237-9941/Comm 435-237-9941

Mailing address:



**Barnett, Sean P Maj USAF (USA)**

---

**From:** Barnett, Sean P Maj USAF (USA)  
**Sent:** Tuesday, April 25, 2023 10:21 AM  
**To:** Bentele, Brian C Maj USAF 88 MDG (USA); Barnes, Eric W CIV (USA); Burtson, Kathryn M Lt Col USAF DHA WRIGHT-PATT 88TH MDG (USA); Glendening, Joseph M Capt USAF 88 MDG (USA); Paulus, Andrew O Lt Col USAF 88 MDG (USA); Crowder, Michael W Col USAF 88 MDG (USA); Hilton, Alden D CIV DHA WRIGHT-PATT 88TH MDG (USA)  
**Subject:** (ATTN Physicians) Proteinuria / Changes in Kidney Function



Good morning,

I just wanted to reach back out and say I am seeing a lot of unusual changes in Proteinuria or Albuminuria. I believe a lot of these rapid shifts are due to viral infections and some/most do resolve.

Please distribute this information as you see fit to all your providers:

- 1) If an otherwise stable patient has a rapid change in Proteinuria or Albuminuria, order the following in 2-4 weeks: 1) Urine p/c, 2) Microalbumin, 3) Urinalysis
  - IF this is due to a viral exposure, the proteinuria should start decreasing within 2-4 weeks (may not resolve/normalize, but it should be decreasing)
  - IF the proteinuria is NOT decreasing, please refer to Nephro (call/text Dr. Barnett to ensure they get in the clinic)
  - Always feel free to call/text/email Dr. Barnett if you have any questions
  
- 2) If a patient has rapid changes in BP or Creatinine/Electrolytes and Proteinuria, order the following in 2-4 weeks: 1) Urine p/c, 2) Microalbumin, 3) Urinalysis, 4) Vasculitis Profile
  - Consider referral to Nephro (please call/text Dr. Barnett to notify him)
  - Consider a 24hr Ambulatory BP Monitor
  - Consider split dosing of ACEi / ARB (i.e. Lisinopril 20mg BID or Losartan 50mg BID)
  - Consider Spironolactone or Torsemide for BP control (Torsemide appears to have the best impact on BPs in these Post-COVID patients, especially for Diastolic HTN/Pulm HTN/SOB etc)
  - Consider Torsemide instead of Lasix (in general), it is likely better
  
- 3) If you are seeing any significant changes in BPs (either significant HTN or new Hypotension), please consider a 24hr Ambulatory BP monitor.
  - I am seeing a lot of severe HTN, but also a lot of Hypotension/POTS
  - If you have questions about meds/management, always feel free to email/call/text
  - Consider checking a UA, UPC, and Microalbumin in any patient with a rapid change (COVID appears to trigger some GNs, some Autoimmune disorders, and sometimes a true TMAs)
  - Consider Spironolactone or Torsemide for diuretics, they work the best
  - Consider Nephro referrals for resistant HTN, POTS, Dysautonomias, "Long COVID" with any BP, electrolyte, kidney function changes

**\*\* A few quick pearls \*\***

- 1) "Urine P/C" is how to order a "Urine protein to creatinine ratio"
- 2) Albumin shows up first in most conditions (this is why we check Microalbumin in DM patients), BUT it misses a lot

# **Attachment**

## **#3**

**Barnett, Sean P Maj USAF (USA)**

---

**From:** Barnett, Sean P Maj USAF (USA)  
**Sent:** Monday, November 6, 2023 1:28 PM  
**To:** Crowder, Katie M Col USAF DHA WRIGHT-PATT 88TH MDG (USA)  
**Cc:** Stiffler, Bonnie J CIV DHA WRIGHT-PATT 88TH MDG (USA); Palmer, Eldon G Lt Col USAF DHA WRIGHT-PATT 88TH MDG (USA); Holko, Holly A Maj USAF 88 MDG (USA)  
**Subject:** Internal Medicine to Nephrology Communication

Good afternoon Col Crowder,

I hope you had a good weekend. I appreciated you reaching out. I have still been struggling with a lack of communication and it is impacting me significantly.

---

or my attitude has been:

- It also puts me in a very difficult position, trying to discuss disagreements without causing ANY friction / tension.
- I had asked for help with these situations, I have still not received any help with these situations.

**Situation:**

Dr. Gutierrez apologized for a lack of communication, especially when there appeared to be a question about my recommendations, but he said something concerning. Dr. Gutierrez said that some told him Sean is wrong a lot and **"he has to staff every decision with Dr. Barnes or Dr. Bunce."** Dr. Gutierrez apologized for the misunderstanding, he was just not sure "how to treat me", he was not sure if he should treat me like every other consultant or like something different. Unfortunately, he chose to treat me like something different, something that does not really deserve communication and someone who it is better to just minimize interactions and go over his head. To Dr. Barnes.

Col Crowder, it appears someone told Dr. Gutierrez the conditions of the FPPE and M&E? I was trying to avoid conflict and simply treat the patient, so I did not press the issue, but I told Dr. Gutierrez that I would need to know who told him that at some point.

**Result:**



**Barnett, Sean P Maj USAF (USA)**

---

**From:** Barnett, Sean P Maj USAF (USA)  
**Sent:** Tuesday, May 2, 2023 6:19 PM  
**To:** Berglund, Andrew J Maj USAF DHA WRIGHT-PATT 88TH MDG (USA); Scott, Joshua N Lt Col USAF 88 MDG (USA); Crowder, Katie M Col USAF DHA WRIGHT-PATT 88TH MDG (USA)  
**Cc:** Holko, Holly A Maj USAF 88 MDG (USA); Kluesner, Joseph K Lt Col USAF (USA); Barnes, Eric W CIV (USA); Bayrak, Ecehan D Capt USAF AFLOA (USA)  
**Subject:** ICU Patient Clarification

Good afternoon all,

Dr. Berglund, I must apologize. This is not how I had hoped to introduce myself to you nor be introduced (in a clinical sense, I mean). I would love to discuss so many things with you but this is not an ideal start.

I think there is a significant need for a collaborative discussion about this patient and this past weekend in the ICU. I believe a mediated discussion between myself and [REDACTED] with Dr. Barnes and/or Dr. Berglund would be beneficial. I am not sure why [REDACTED] and I were unable to discuss any patient care today. We are colleagues involved in the treatment of a patient and yet we are unable to professionally discuss care, I am not sure why?

- Short Version – Skip to 3) \*\* Bolded Section \*\*

- Long Version (sorry in advance for this) –

If I am difficult to communicate with sometimes I apologize. I don't typically have problems with my ADHD, but as I am the Hyperfixated/OCD type it can sometimes be a bit bothersome (perhaps some of you noticed I can get hyperfixated and obsessive compulsive, especially in times of stress). I had in fact thought I was doing quite well lately given the circumstances.

I do need to express some things that perhaps someone else may discuss with [REDACTED]. I have several concerns and I had hoped to discuss them privately and professionally with a colleague (I asked Dr. Kluesner to mediate, however [REDACTED] had left for the day), but here goes [REDACTED].

1) An ANCA Vasculitis patient with refractory shock developed a worsening Hypoxemia, Hyponatremia, and Lactate level over 72 hours and Nephrology was not consulted. Moreover, the Sodium dropped from 131 to 118 in ~24 hours and Nephrology was not consulted. I have a few very specific questions for this group:

- **Dr. Berglund**, if you had an ANCA vasculitis patient, in shock, and the Sodium dropped from 134 to 118 in 24 hours, would you consult Nephrology? Could we ask [REDACTED] also?
- What if the Lactate went from 1.2 – 4.3 in that period?
- What if Nephrology was aware of the patient, and had advised you within the past 48 hours to "Be a little careful with isotonic crystalloid, her ADH is high and she will retain the water, we may want to use 3% instead"

- Unfortunately yes, I will now likely document this in an MFR. I was hoping to avoid that.

1a) Unfortunately it feels relevant now to mention another highly similar risky case. Sodium from 136 to 122 in a COVID patient in the ICU, borderline intubation worthy.

[REDACTED] once again did not need Nephro and she was very clear on that fact.



2) Dr. Barnes, when you are contacted to academically discuss Nephrology questions (as may have happened recently), would you say it is "safe" for that provider to base treatment on **your** recommendations? And what if there is another Nephrologist available and on call? For example if Dr. [REDACTED] contacted you recently, about a situation like this?

- I am not talking about clinically.... Clinically we need way more information to know/think anything.....
- I am asking legally/ethically/professionally, do you think that is a safe approach?
- This was one very large reason I had hoped to discuss things in private, I assume most physicians here would advise any other physician (for example Dr. [REDACTED] against this practice

\*\* Of note, I greatly appreciate having Dr. Barnes here to ask questions of. If his office were closer, I would do it also. Especially academic questions. Dr. Barnes and I discussed this today and I will say he is an invaluable resource and I am grateful for his role here. I have no problems nor have I ever felt concerned/threatened..... The above point is actually to protect Dr. [REDACTED] now and in the future.

3) As stated, I had hoped to discuss this professionally and privately, but now I have to say all of it.

- I believe we all (myself included) need to understand why Dr. [REDACTED] documented, treated, and based her treatment/workup for the past 96 hours on a "post-ATN diuresis"? Why a "post-ATN diuresis" after being told by a board certified Nephrologist: 1) It's a solute diuresis, 2) We can check/verify easily, 3) She has normal kidney function, 4) Her ATN was 2 weeks ago? 5) She has vasoplegic/neurogenic shock? (See Essentris Doc. #1)

**\*\* THIS is the whole reason for this whole situation, I cannot and will not ignore this fact due to my OCD/PTSD\*\***

**\* This is a known, documented, and frequently discussed trigger with my Psychiatrist here at WPMC \***

- This may help us all (me included) understand the care of this patient? It would also help me understand the **current** workup for Cerebral Salt Wasting (or Renal Salt Wasting) still here today? Of note, Cerebral Salt Wasting and Renal Salt Wasting **are forms of a Solute Diuresis**.

- This may help us all (me included) address why the patient continues to have refractory shock? A multi-D discussion about a patient with refractory shock seems very beneficial. I would like to state that I have attempted to participate and facilitate this (with any/all providers possible) multiple times over the past 96 hours.



In summation, I think it would be beneficial to have a discussion between parties involved, with mediators, to discuss the care of this patient. My care of this patient and my interpersonal communications / cooperation/collaboration will remain at my normal and appropriate level of professional.

Anyone who made it this far, I actually have a few thoughts on how we may all learn / grow from this experience.

SEAN P. BARNETT, Maj, D.O., USAF  
Staff Nephrologist / 44M3J  
Board Certified Nephrologist & Internist  
Air Force 88th Medical Group (MEDGRP)  
4881 Sugar Maple Drive  
Bldg 830, Rm 1C29  
Wright-Patterson AFB, OH 45433-5529

Email: [sean.p.barnett5.mil@health.mil](mailto:sean.p.barnett5.mil@health.mil)  
DSN 435-237-9941/Comm 435-237-9941

Mailing address:  
88th Medical Group/HCOS  
4881 Sugar Maple Drive  
Wright-Patterson AFB, OH 45433-5529

P.S. (Essentris Docs / Timeline, \*\*This is current documentation, I had hoped to discuss this privately/professionally with Dr. [REDACTED], prior to this point, to clarify and possibly improve some of her documentation)

Documentation raising concerns:

- 4/28, Nephrology signed off ([REDACTED]) and I discussed the patient on the phone, as she had left for the day, she disagreed with me and said "She knows what to do with the patients fluids, electrolytes, and urine output").
- 4/28 I told [REDACTED] "it is a solute diuresis, more IVF will continue the solute diuresis and be careful with too much isotonic crystalloid.... Her ADH is high and she may retain the free water"
  - The patient had normal kidney function (in many different areas) which would exclude the possibility of a post-ATN diuresis
  - The patient had an ATN two weeks ago
  - I tried to tell [REDACTED] [REDACTED] would be happy to discuss how / why I am saying this because it will help us find the real answer

4/29

Cardiac: #Hypovolemic Shock: most likely 2/2 to post ATN Diuresis - pressor requirements improving -uop stabilizing -plan to wean norepinephrine today, will support pressure with intermittent LR bolus until kidneys recover

- I think we should clarify what "until the kidneys recover" means?

4/30 (two days later):

#Post ATN Diuresis: as evidenced by urine labs, inappropriate diuresis responsive to fluids, and continues hypotension -cnt close monitoring and supportive care -cnt pressor support and intermittent

fluid bolus to maintain euvoemia -nephrology consulted, appreciate recommendations -maintain foley for now for accurate I/Os

- Nephrology is not consulted, I would like this clarified
- She was told "it is a solute diuresis, more IVF will continue the solute diuresis and be careful with too much isotonic crystalloid.... Her ADH is high and she may retain the free water"

4/30/23 (Dr. [REDACTED] interim update)

I wonder if the patient is presenting with significant vasoplegia through, after a month long illness, which is why we are seeing this refractory hypotension, that is otherwise responsive to vasopressin. -will maintain the patient on vasopressin through the night, and discontinue fluids. -continue to replete electrolytes aggressively - hold off on any further fluid administration

- This was a great catch
- Between 4/30 and 5/2, what have we done to investigate or treat any aspect of this?
- If current documentation, by another subspecialist, is asking to evaluate this..... should we evaluate it?

4/28, IM team being put in the middle of me / [REDACTED] IM team trying their best, but this is actually distressing to me that the Residents are placed in this stressful Pulm vs Nephro position

Patient's pressor requirements uptrending this this afternoon. Deferring definitive IVF recommendations to Primary team (Critical Care) with uptrending pressor requirements. will await transfer of patient back to Internal Medicine once hemodynamically stable.

5/2, still working it up \*\*Current documentation and treatment of a patient based on outdated information, that SHOULD be rechecked, and was advised, while an unknown TRUE issue remains.... Neurogenic Shock\*\*

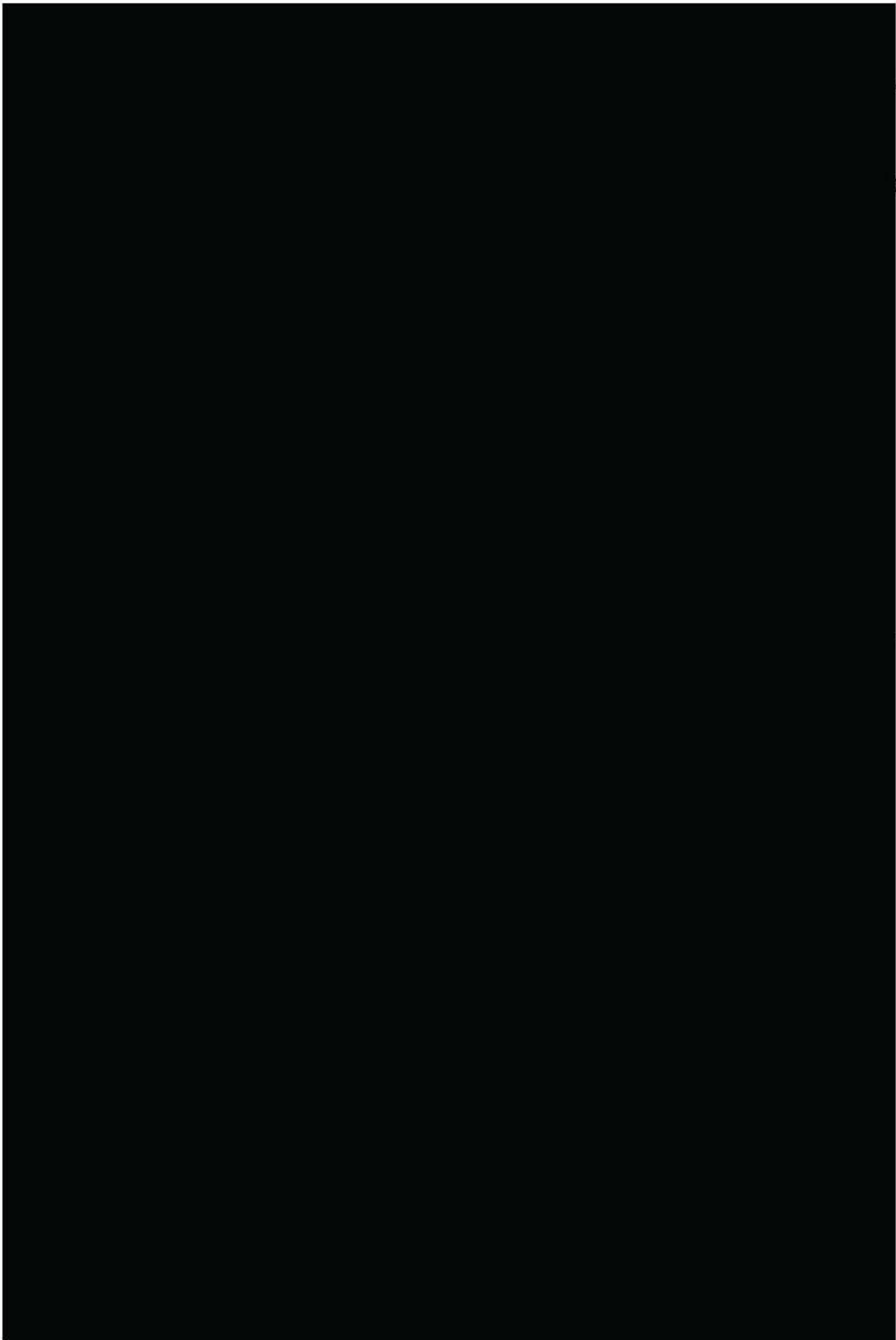
Neuro: #Concern for cerebral salt wasting Patient with salt wasting of unclear etiology. Low suspicion for sella abnormality or stroke without history of trauma or focal deficits. -MRI brain [REDACTED] contrast with sella imaging at 9:30 am



# **Attachment**

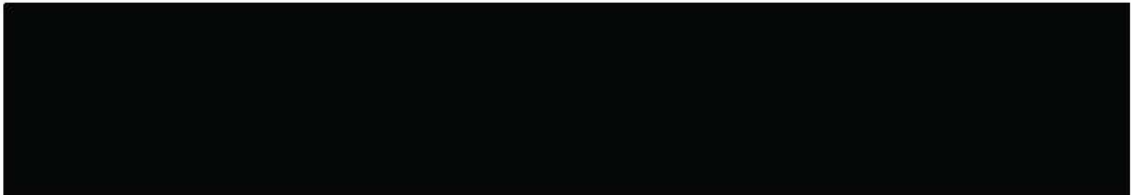
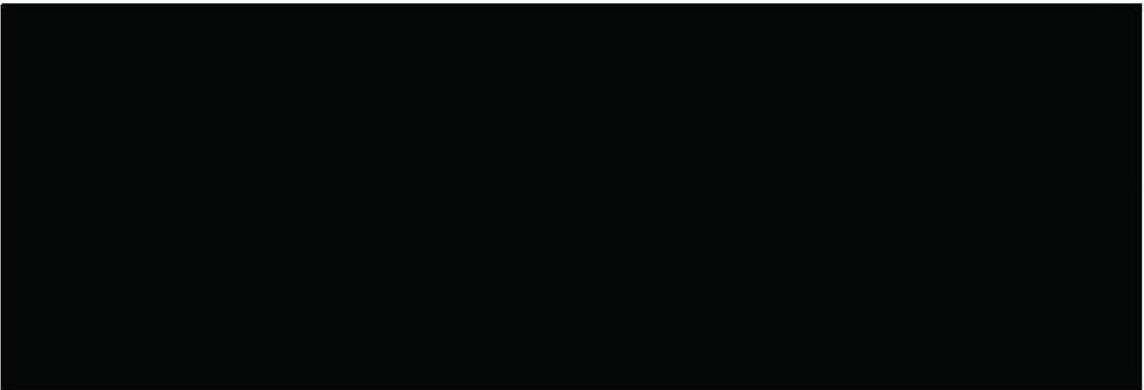
## **#4**

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27



e  
m

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27

[REDACTED]

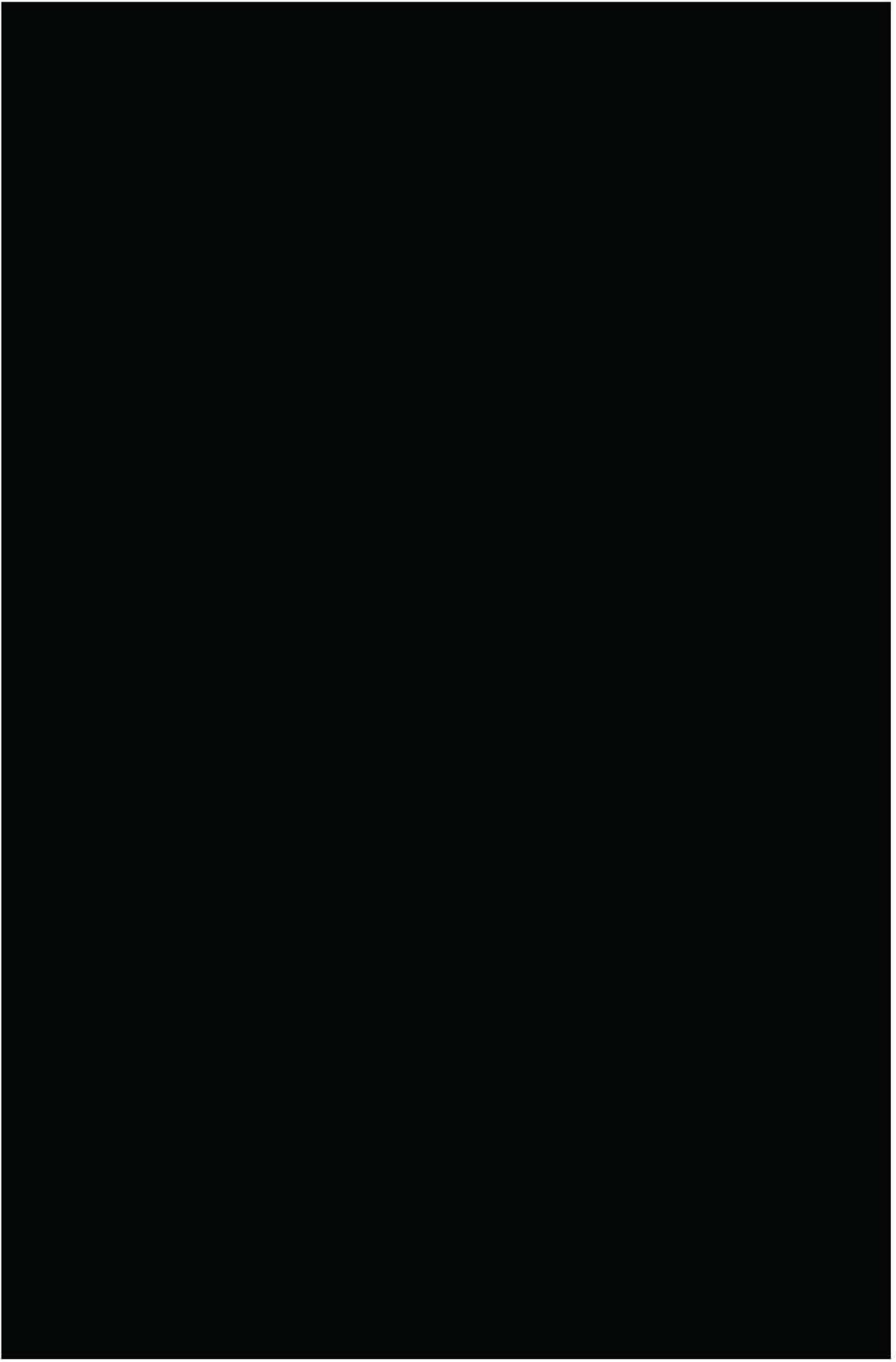
[REDACTED]

[REDACTED]

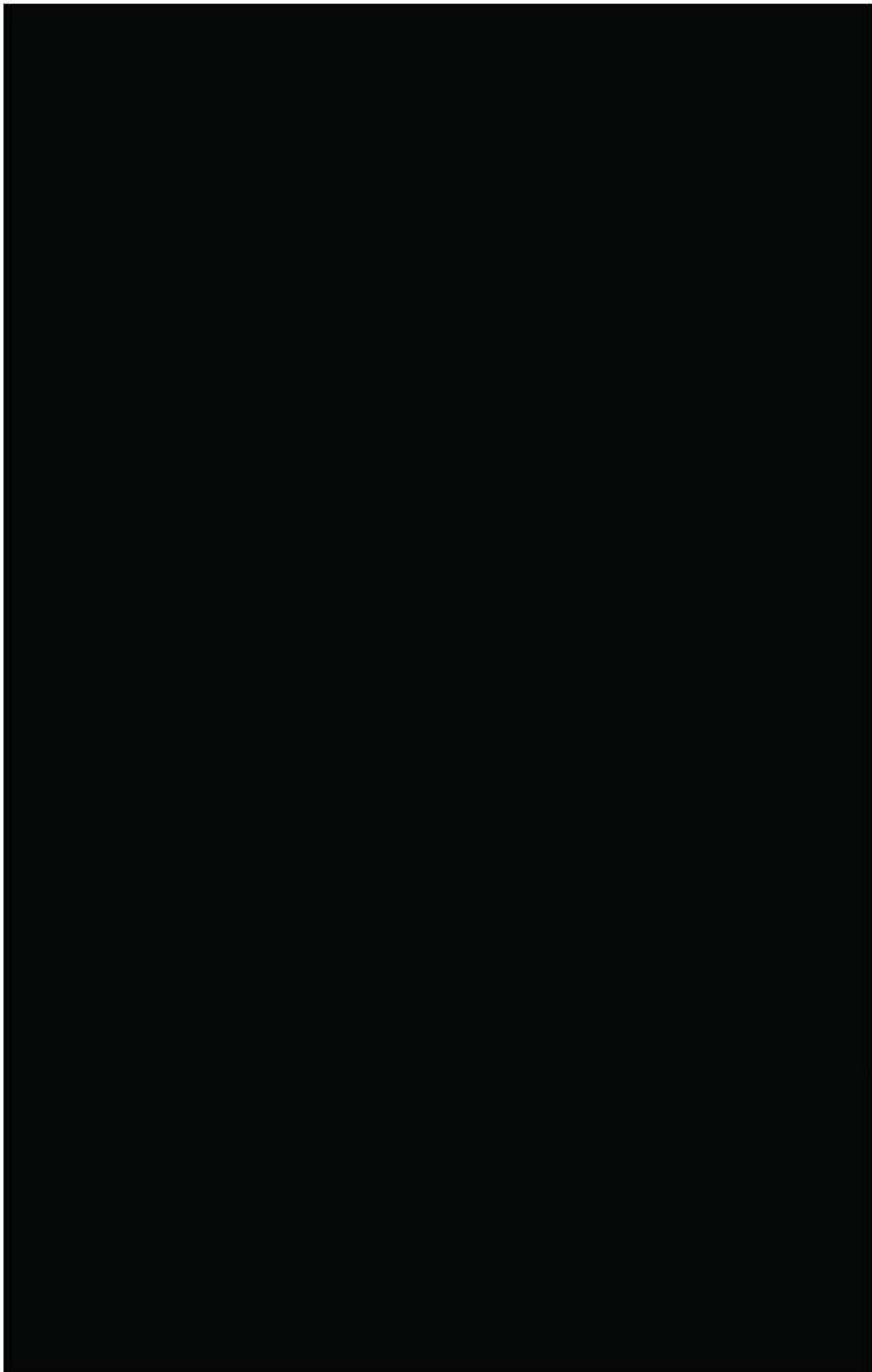
[REDACTED]

[REDACTED]

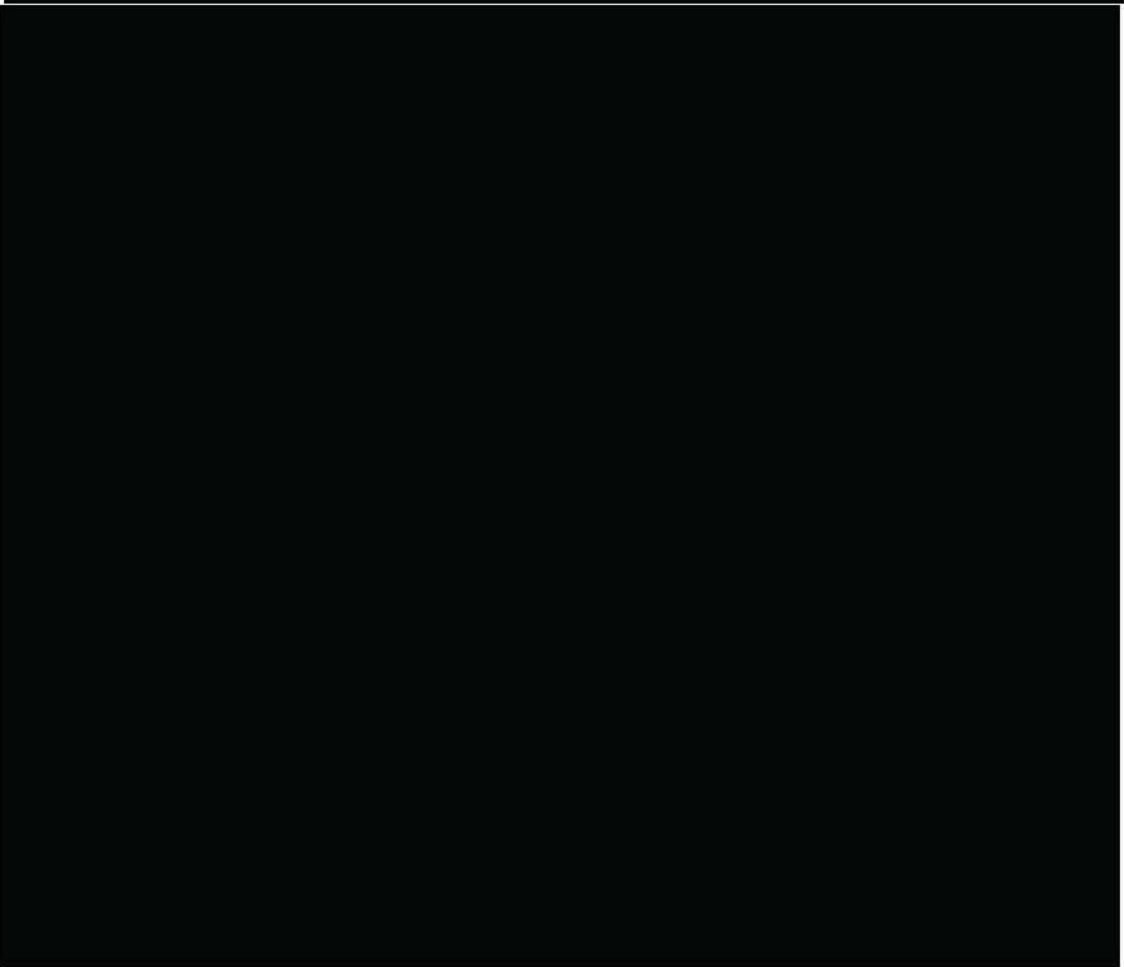
1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27

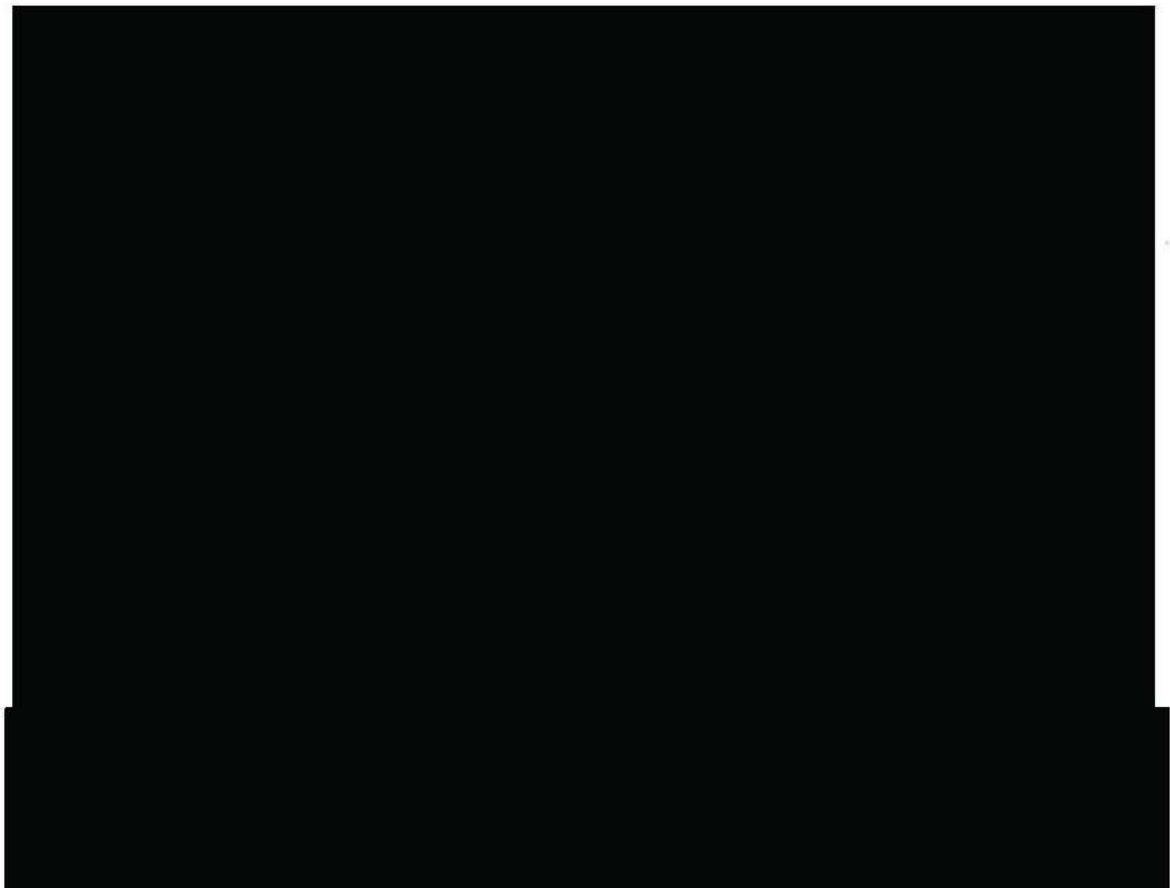
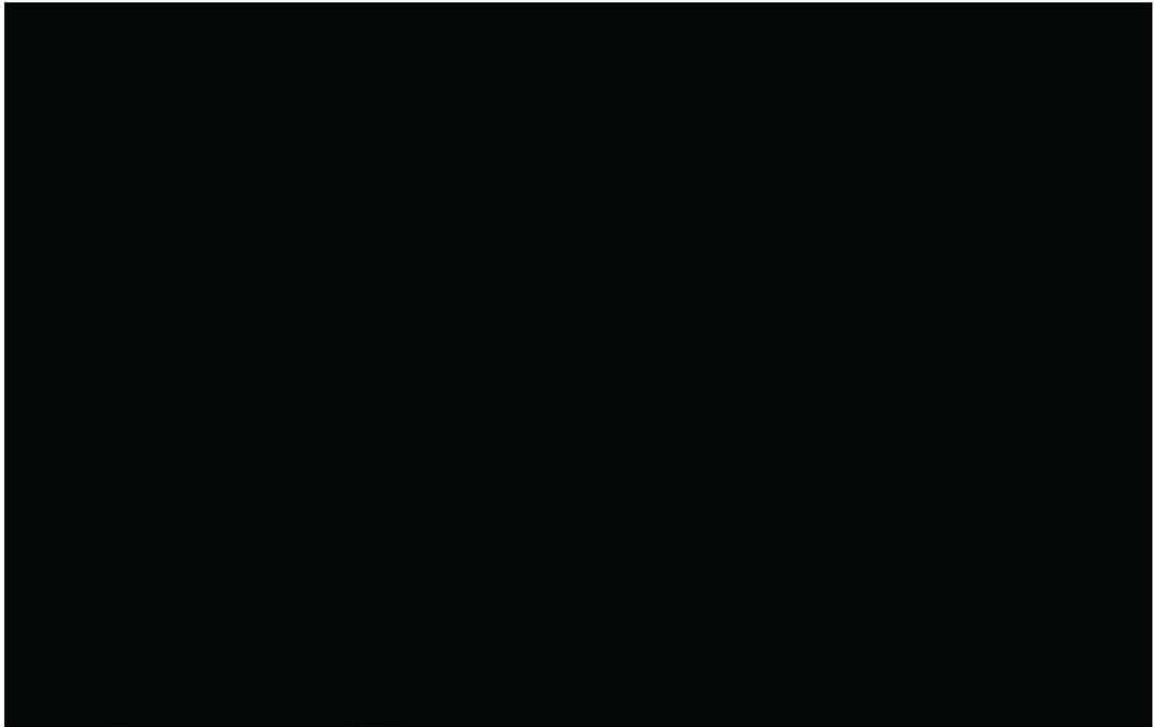


1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27

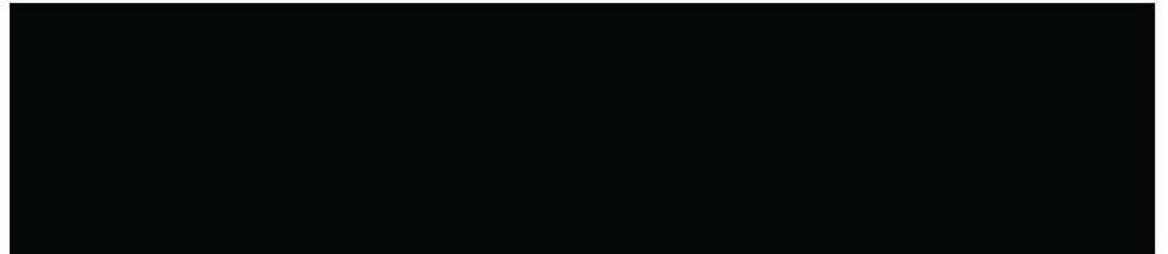
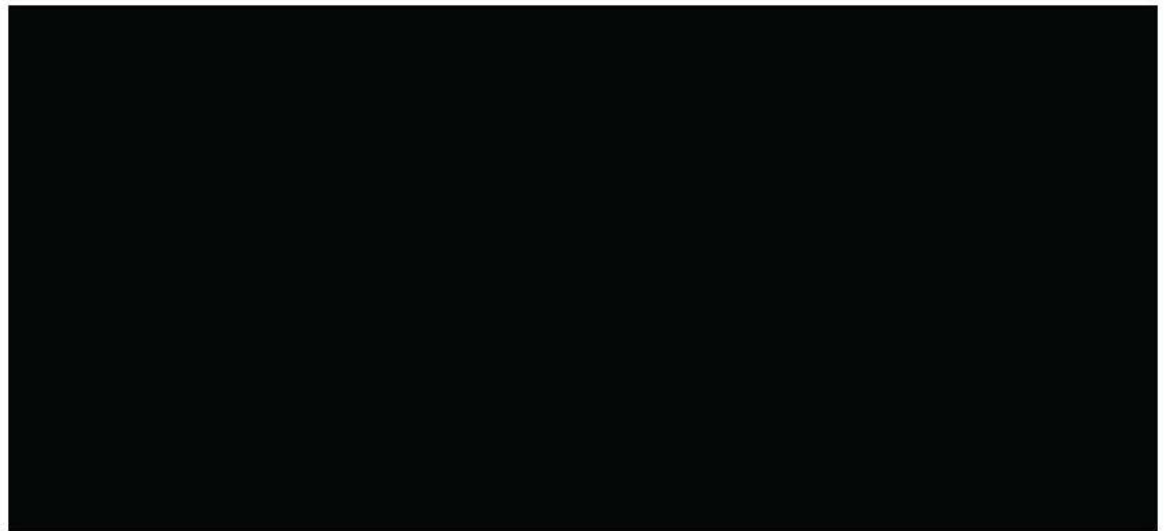
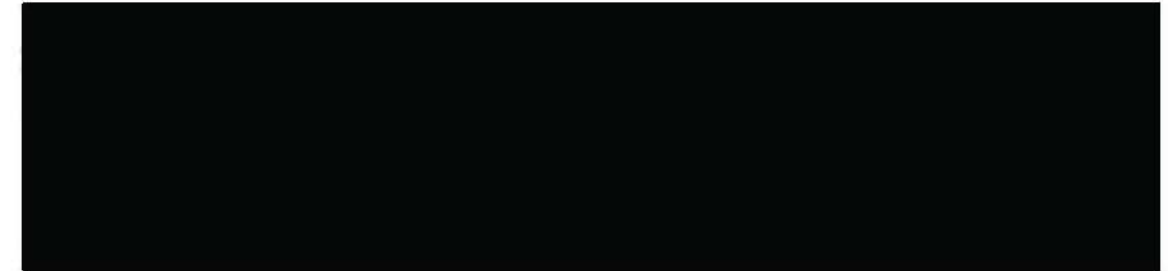
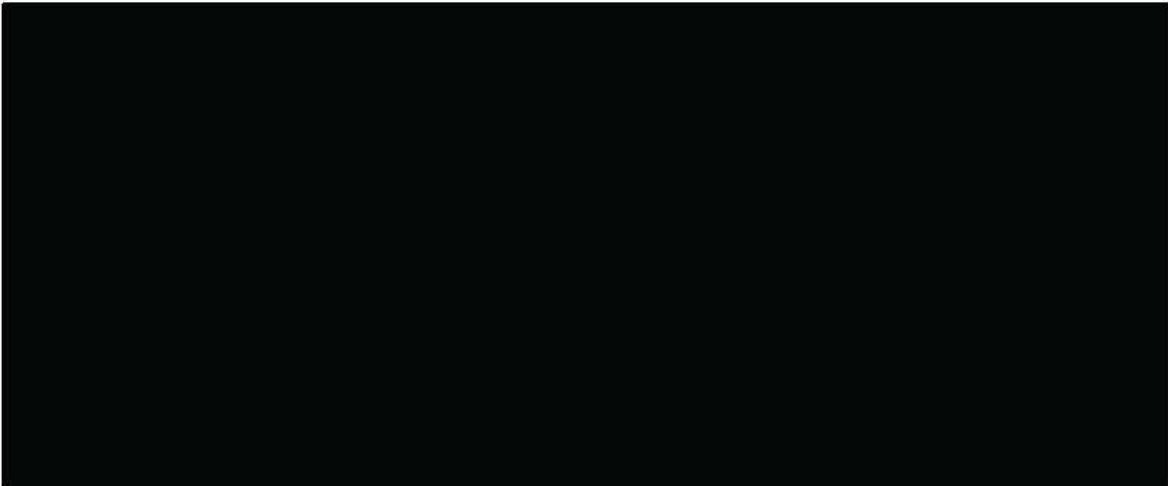




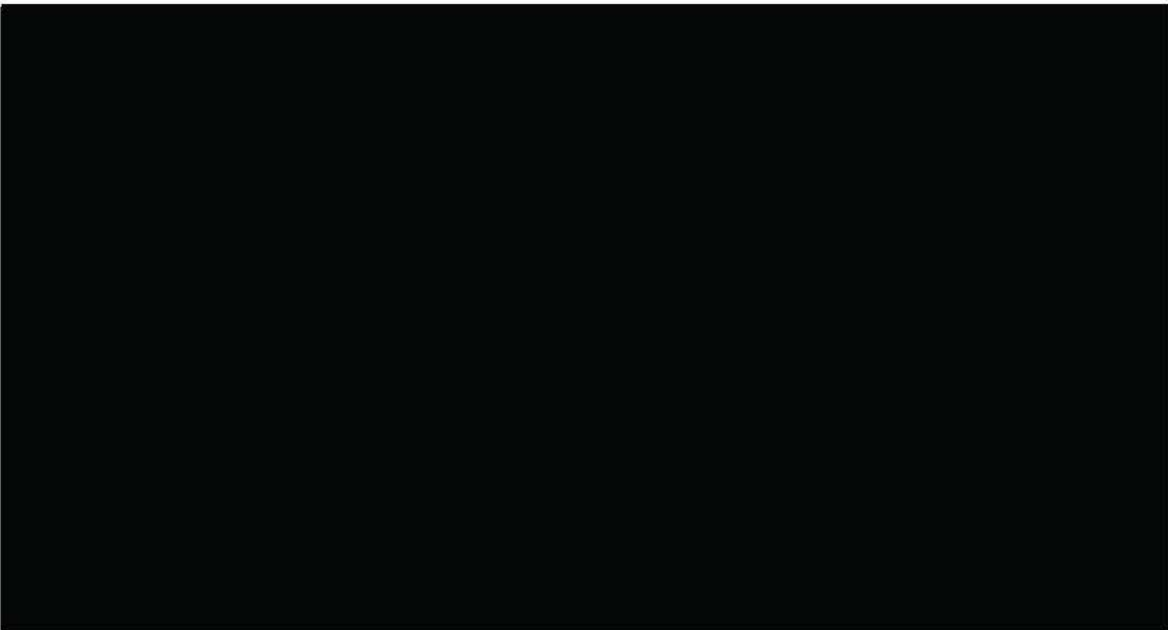
1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27



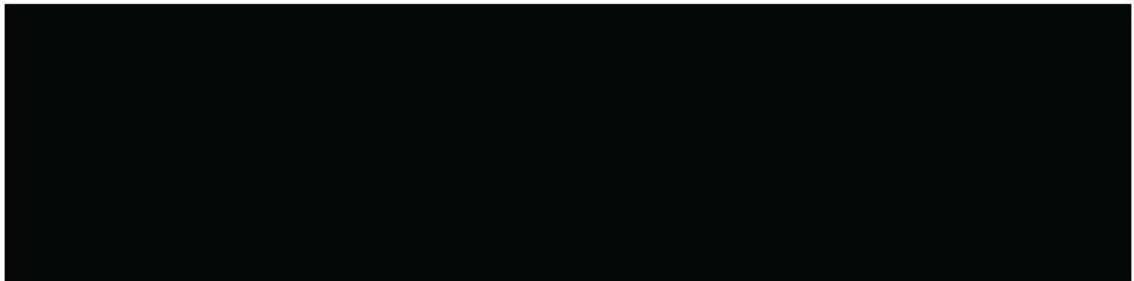
1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27



(Crosstalk)



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27

[REDACTED]

[REDACTED]

[REDACTED]

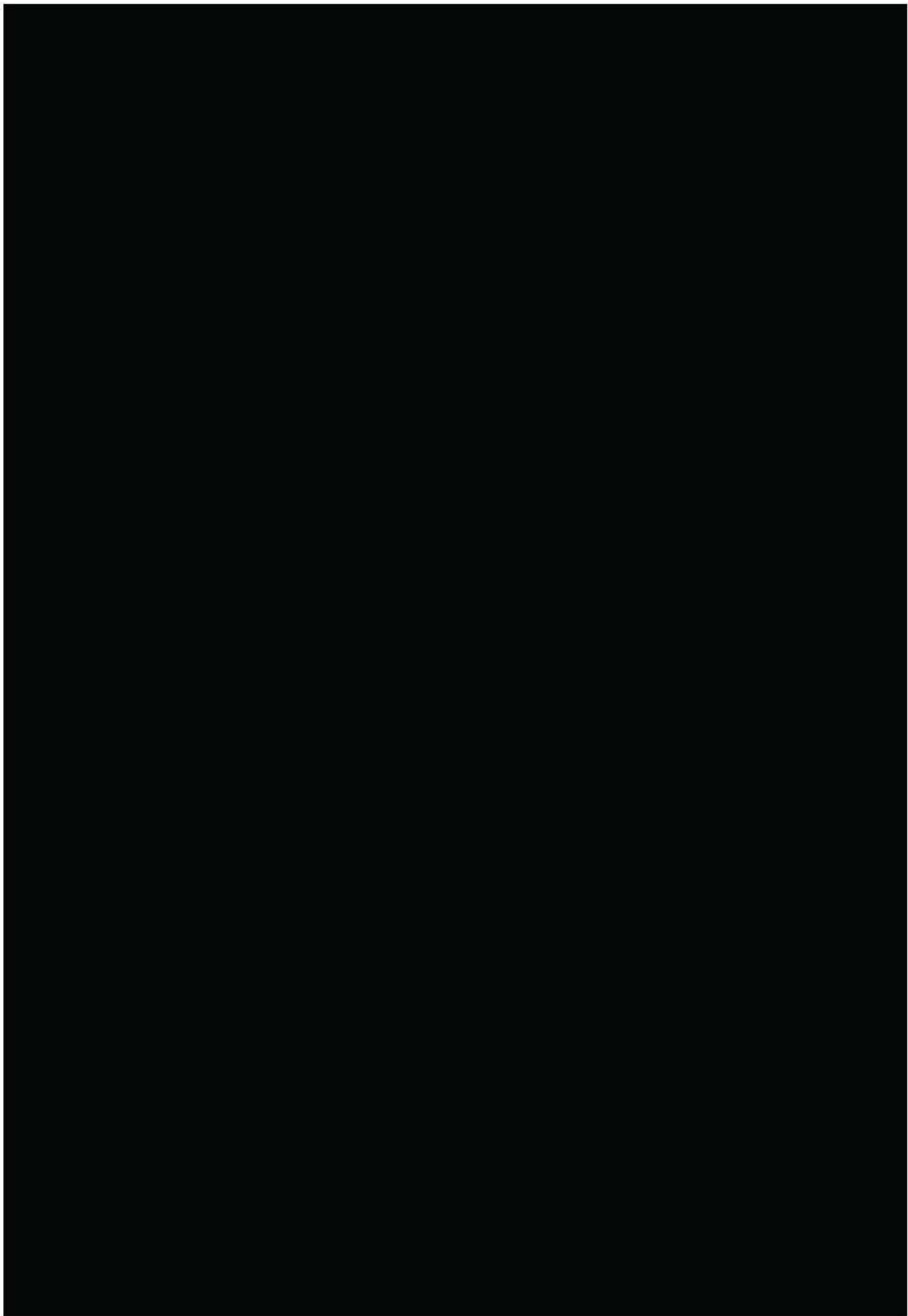
[REDACTED]

[REDACTED]

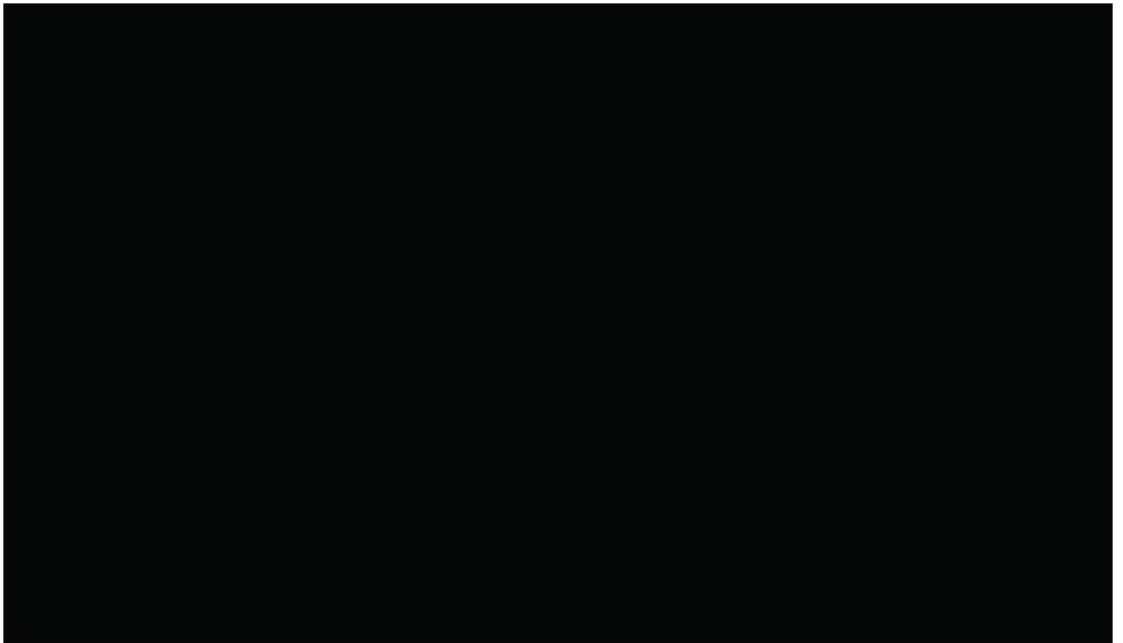
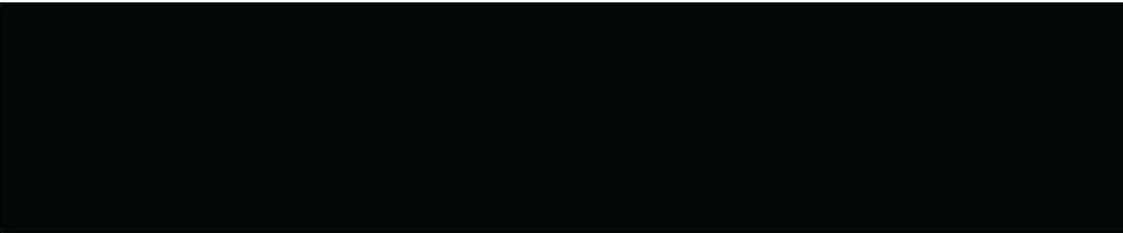
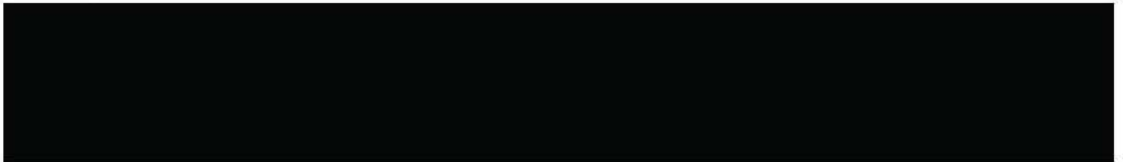
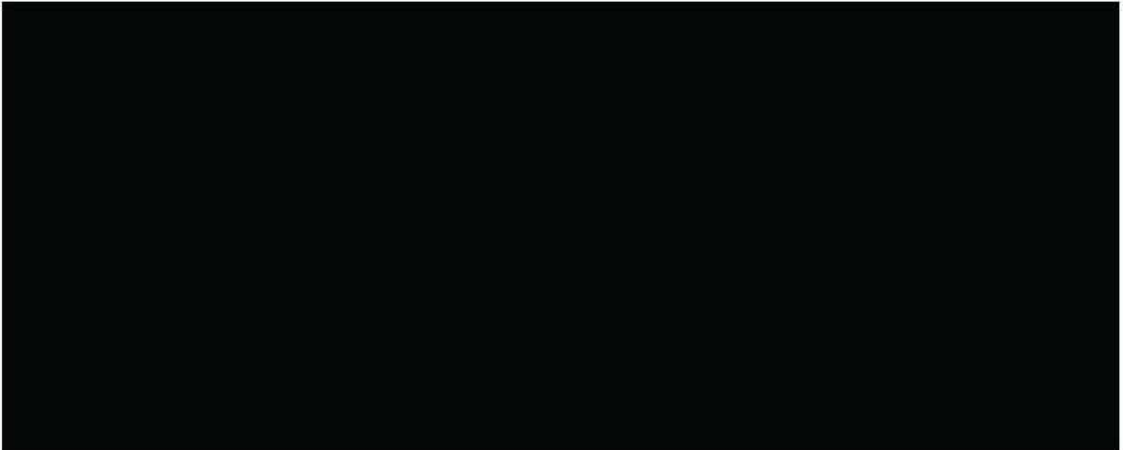
1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

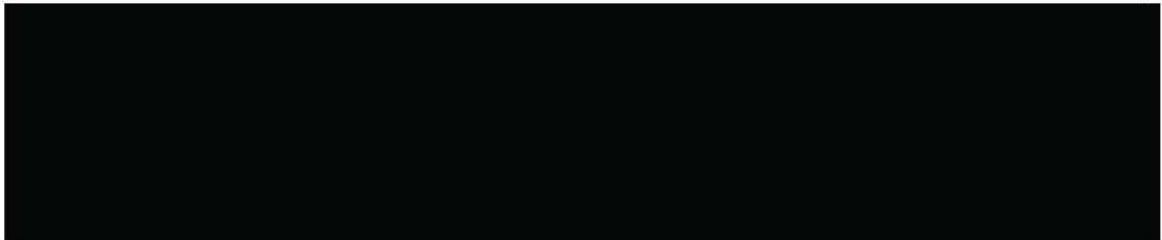
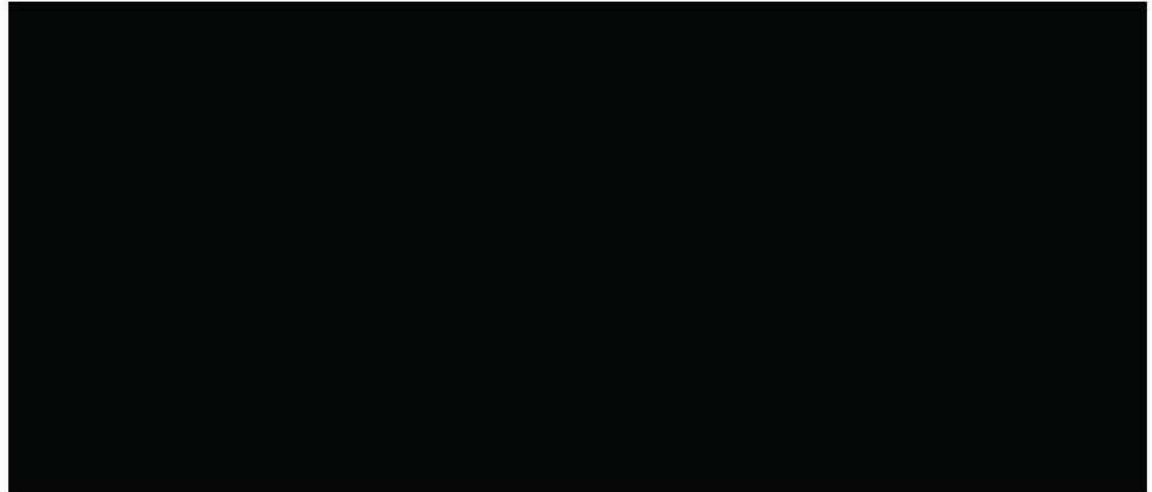
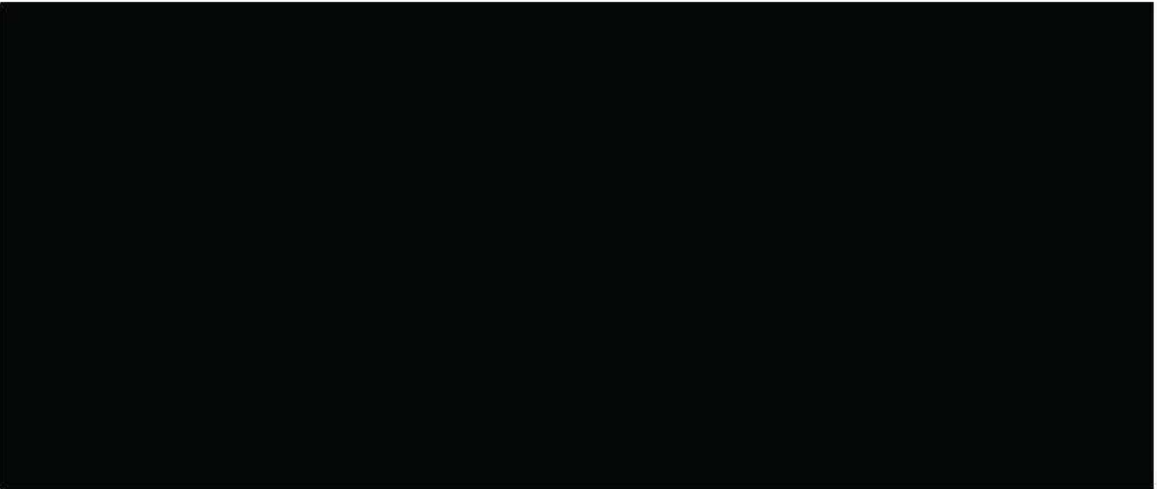
24

25

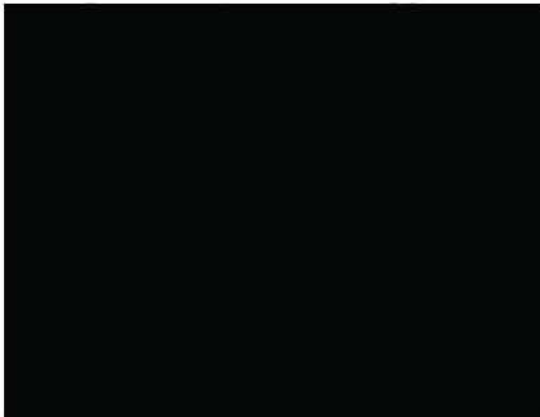
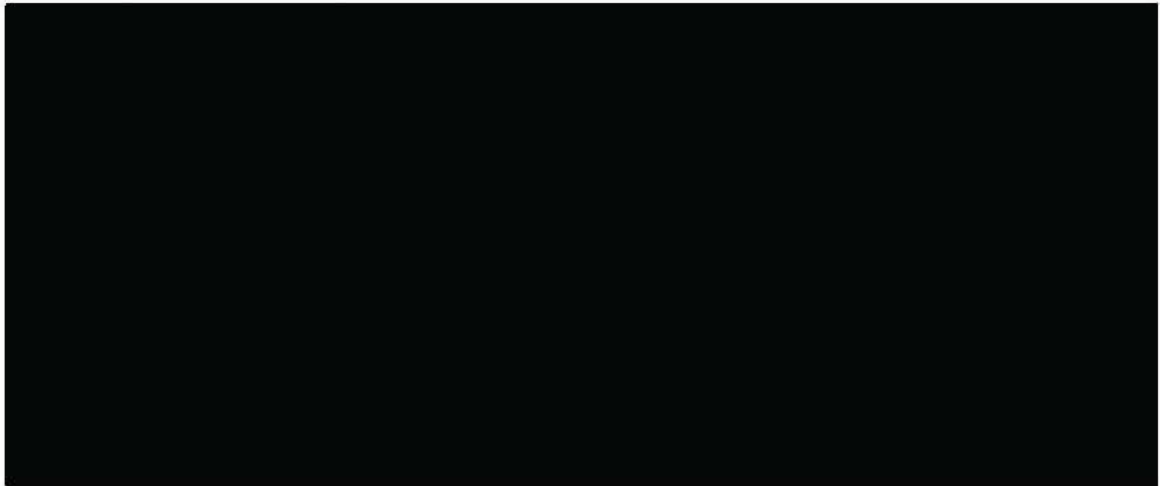
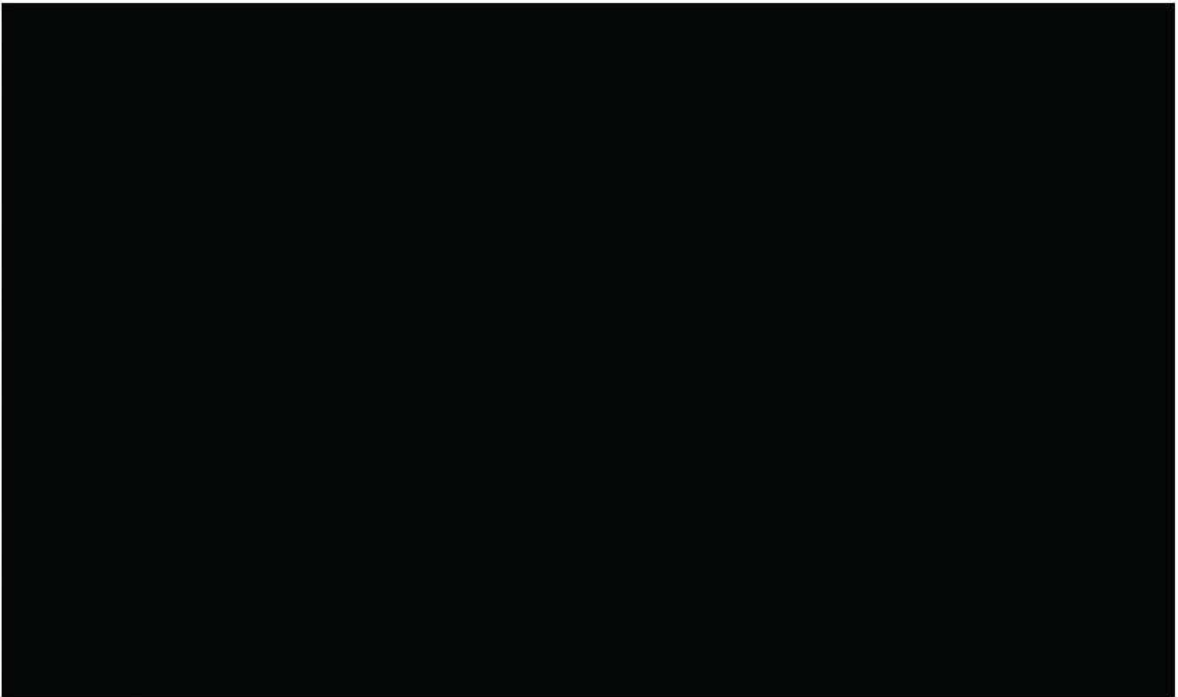
26

27

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27





1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27



1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

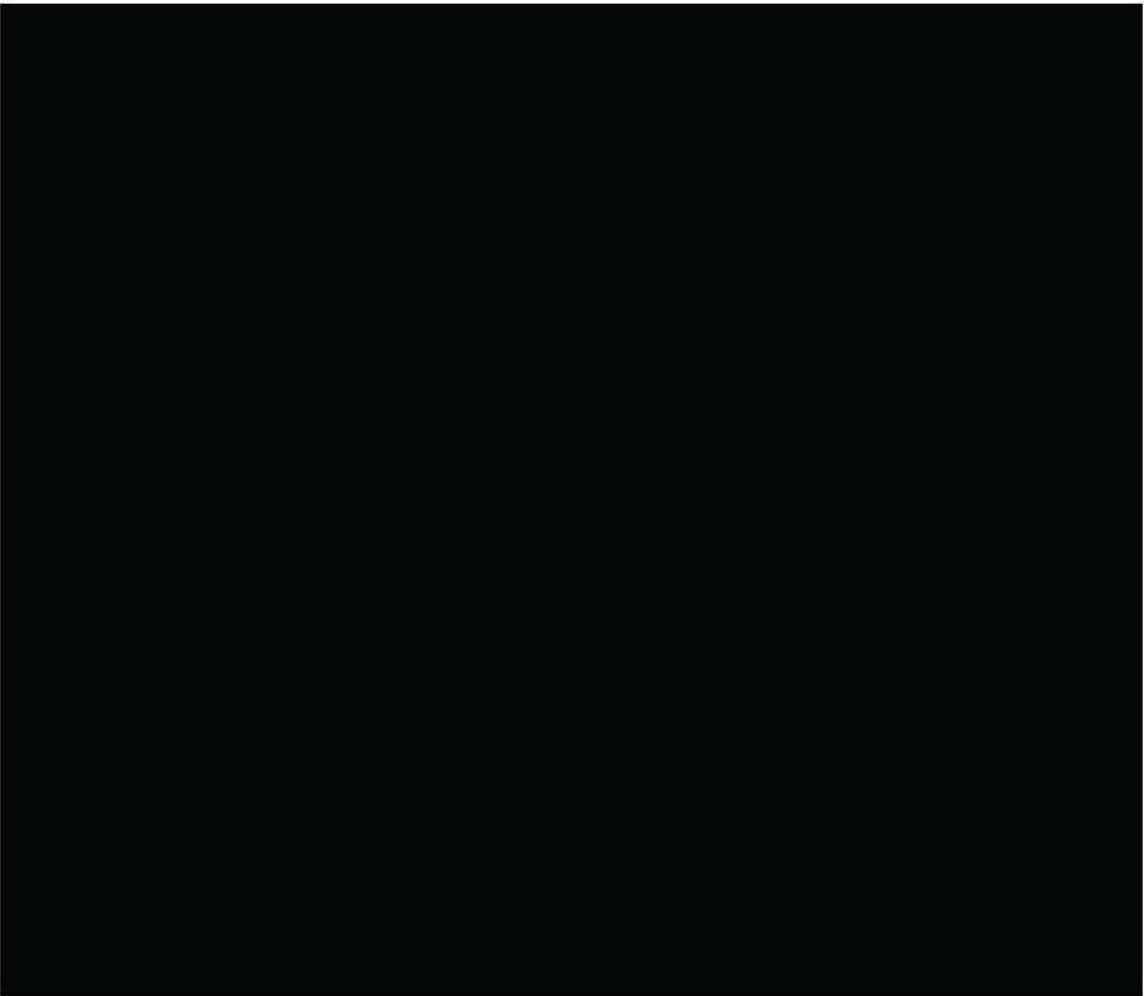
23

24

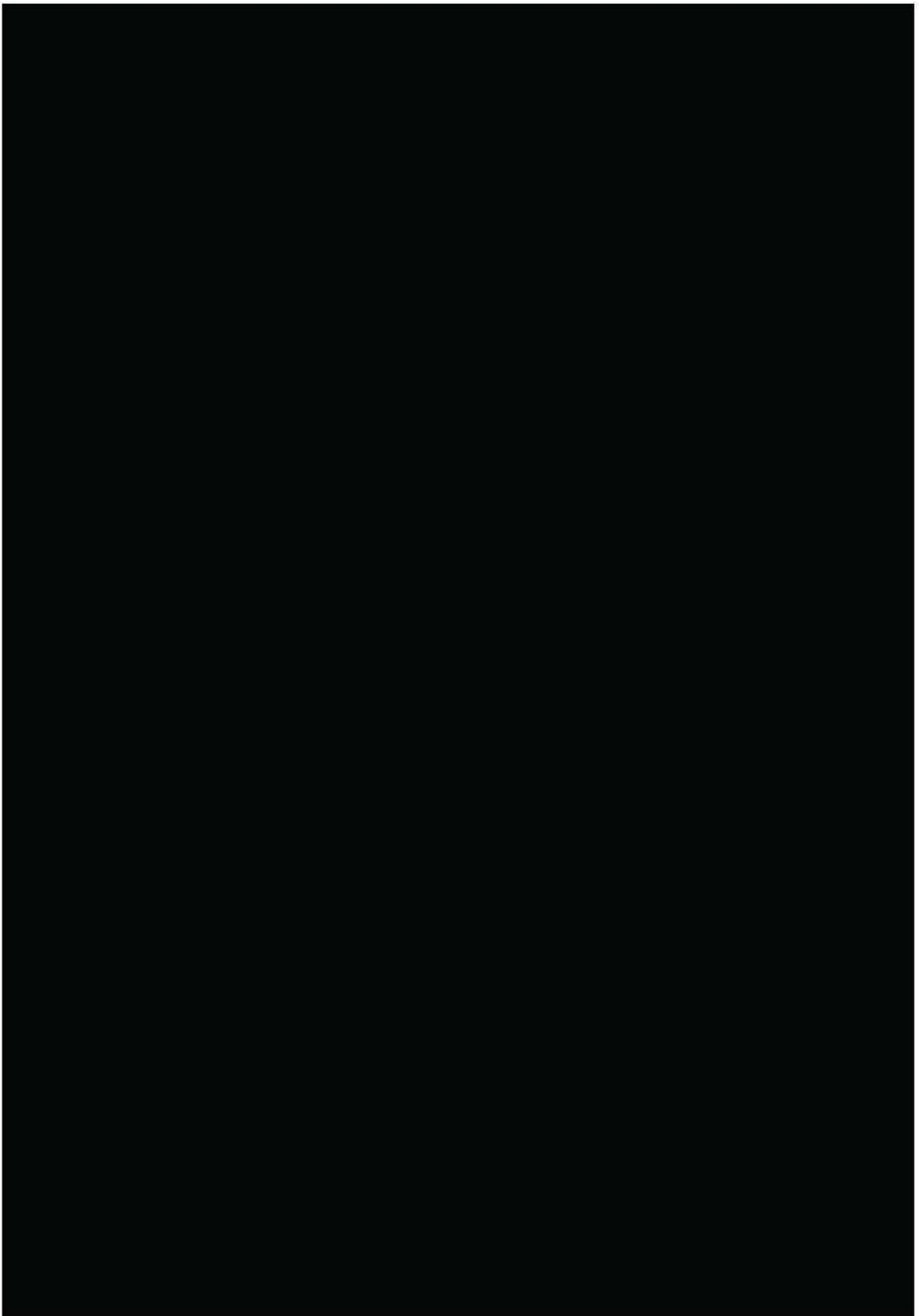
25

26

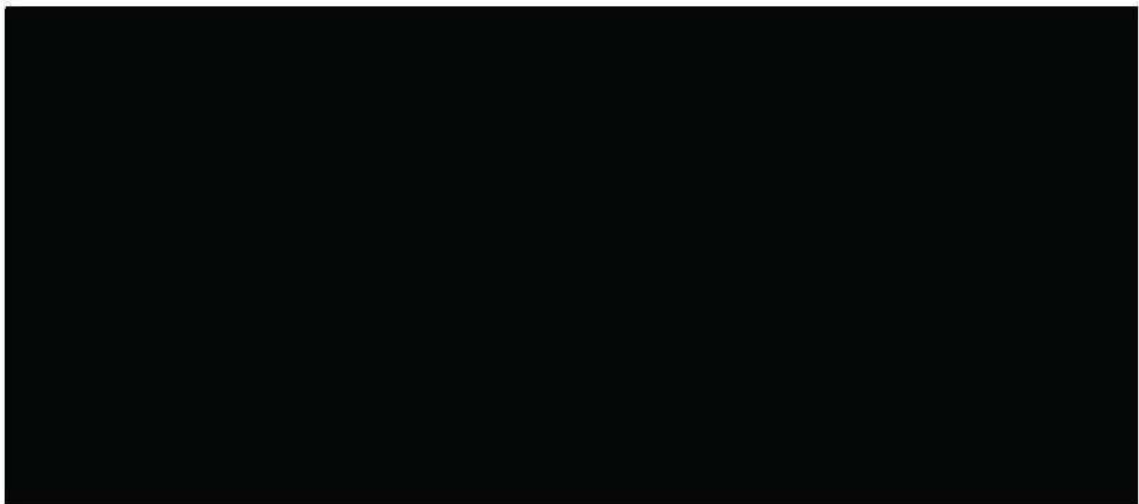
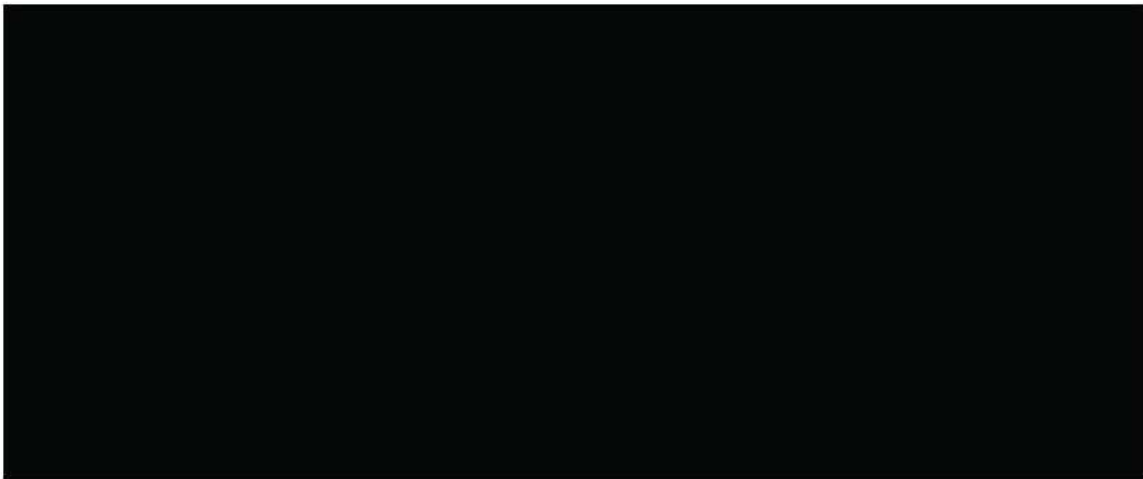
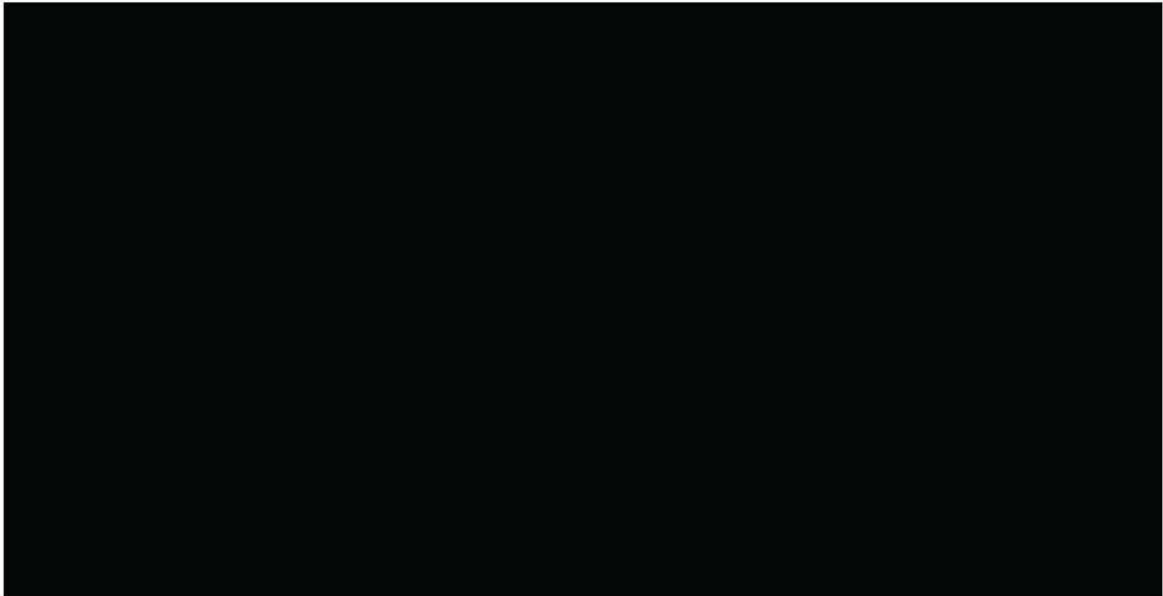
27



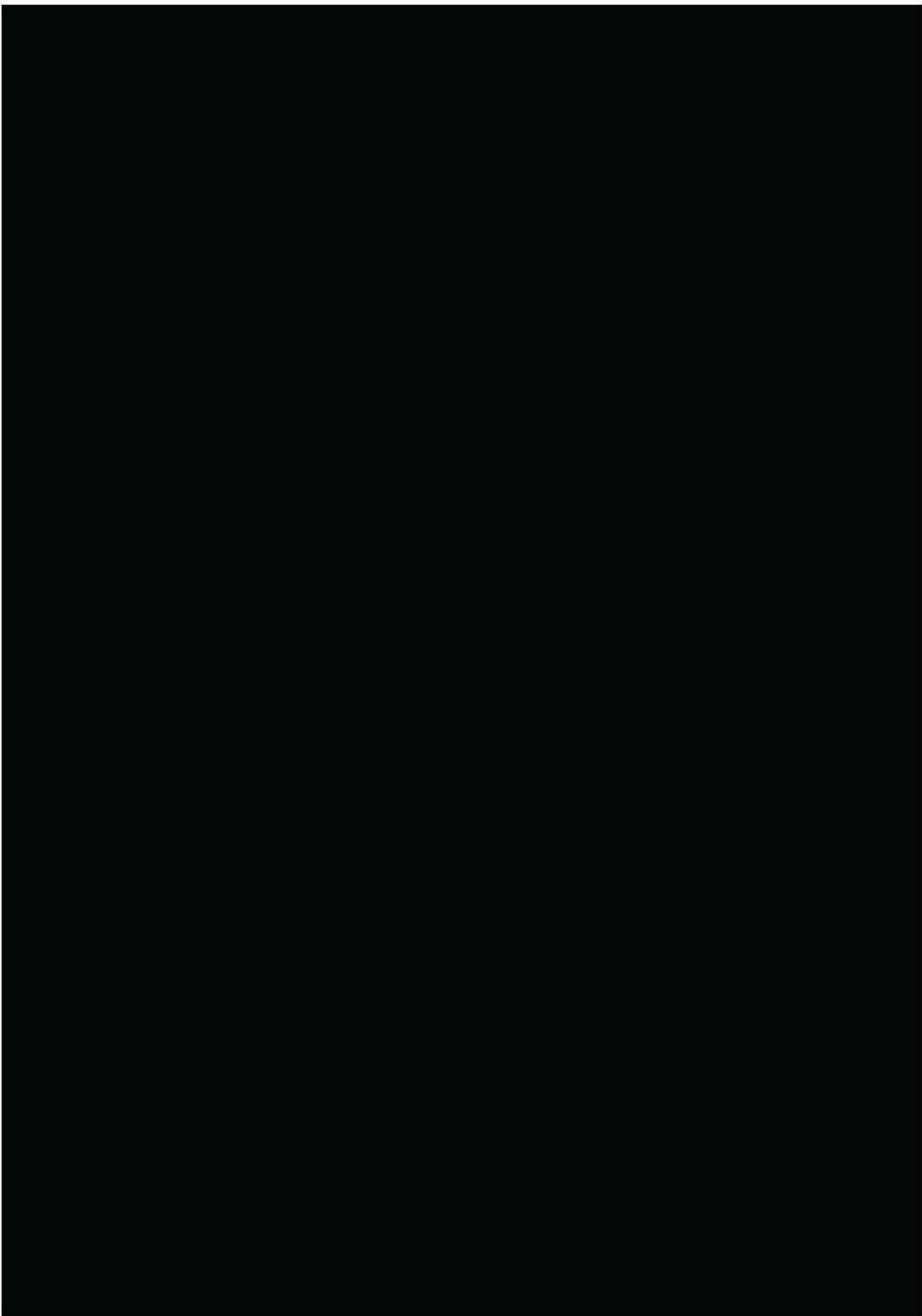
1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27

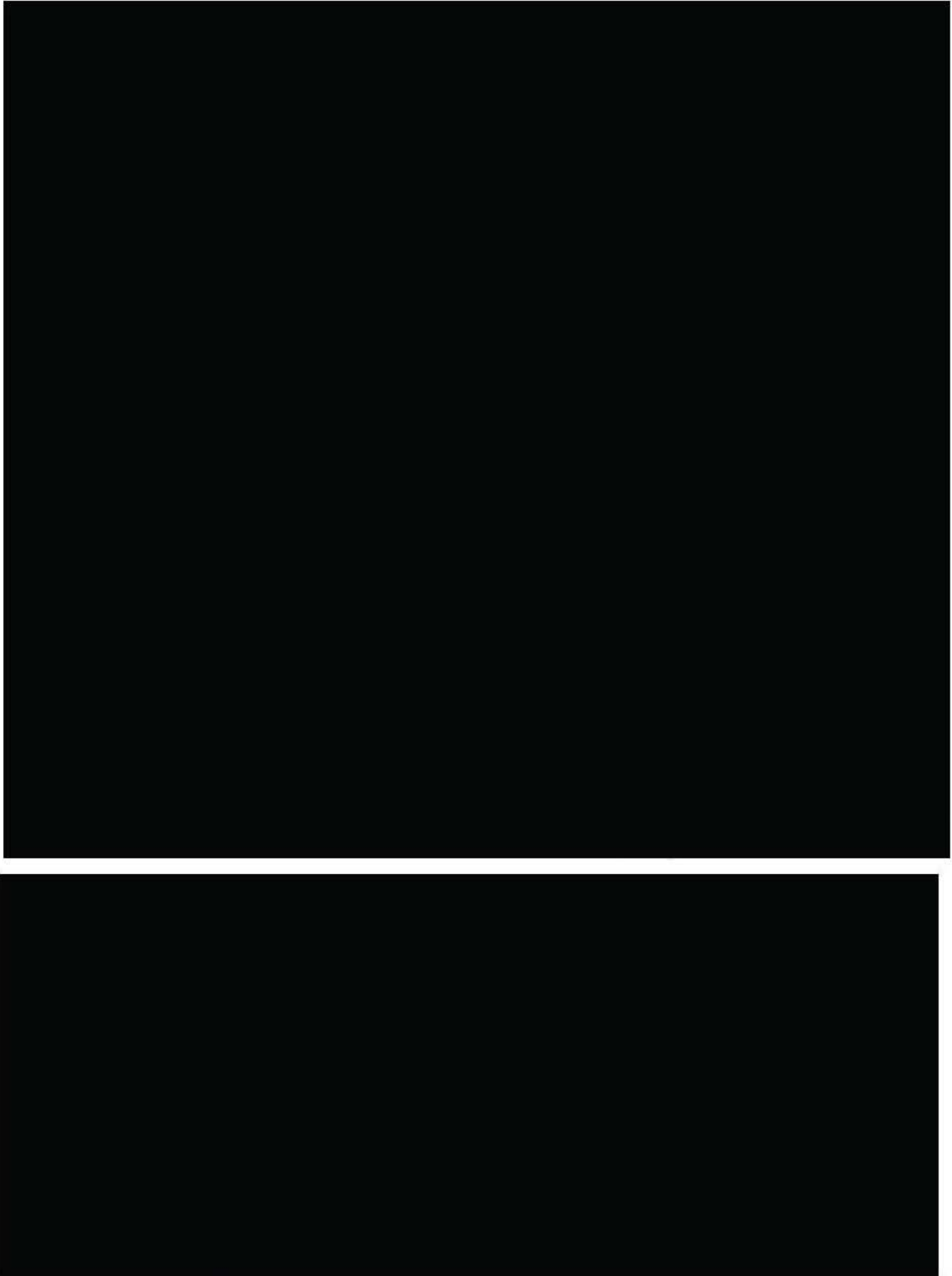


1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27





1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27



1 CAPT [REDACTED] :

2 [REDACTED]

3 [REDACTED]

4 [REDACTED]

5 [REDACTED]

6 [REDACTED]

7 [REDACTED]

8 [REDACTED]

9 [REDACTED]

10 [REDACTED]

11 [REDACTED]

12 [REDACTED]

13 [REDACTED]

14 [REDACTED]

15 [REDACTED]

16 [REDACTED]

17 [REDACTED]

18 [REDACTED]

19 [REDACTED]

20 [REDACTED]

21 [REDACTED]

22 [REDACTED]

23 [REDACTED]

24 [REDACTED]

25 [REDACTED]

26 [REDACTED]

27 [REDACTED]

# **Attachment**

# **#5**



**DEFENSE HEALTH AGENCY**  
88TH MEDICAL GROUP - WRIGHT-PATTERSON  
4881 SUGAR MAPLE DRIVE  
WRIGHT-PATTERSON AIR FORCE BASE, OH 45433

16 Aug 2023

MEMORANDUM FOR 88 MDG/SGH/RISK MANAGER

FROM: Lt Col Joseph Kluesner, Staff Endocrinologist 88HCOS/SGGX

SUBJECT: Major Sean Barnett

I am writing this MFR to provide clarification regarding events earlier this year involving a conflict between Maj Barnett and the ICU team that led to disagreements on the management of an ICU patient. At the time I was Maj Barnett's supervisor. I'm not privy to the full details of the situation or the patient as I was not consulted on the case at the time. Maj Barnett had reached out to me on a Friday, very early in that patient's admission, to express his concerns about communication difficulties with Maj Chatterjee, the ICU attending at the time. Maj Barnett was seeking advice on how to facilitate better communication with Maj Chatterjee after some initial disagreements about the management of the case. Maj Barnett expressed frustration in Maj Chatterjee's communication differences with him regarding the case, as well as previous cases that they had worked together on. He was concerned that due these difficulties, his recommendations were not being understood effectively.

After we reviewed options for conflict resolution as well as methods of improved communication with other providers, we had attempted to have a mitigation meeting that afternoon with Maj Chatterjee, but she had left the facility by that point. My understanding is that a meeting did eventually occur the next week, but I was not personally present that week.

I will note that I was impressed at the time with Maj Barnett's efforts to reach out his supervisor and seek avenues for conflict mitigation through efforts at improved communication. I felt that this demonstrated evidence of his growth as a medical professional and Air Force officer.

I would also like to take this time to recognize Maj Barnett in his efforts at teaching the next generation of medical professionals. In my role as USU medicine site director, I have reached out to Dr. Barnett numerous times for assistance in teaching activities for our rotating students. He's been gracious in donating countless hours to this endeavor. Multiple medical students have expressed to me that Maj Barnett is an outstanding teacher who has a zeal for teaching. This demonstrates his professionalism regarding our core function in this facility of medical education.

Please feel free to reach out to me with any further questions or comments via email or my cell phone number at [joseph.k.kluesner.mil@health.mil](mailto:joseph.k.kluesner.mil@health.mil) OR 573-579-3488.

Joseph Kluesner, Lt Col, USAF, MC  
Staff Endocrinologist, 88HCOS/SGGX



DEFENSE HEALTH AGENCY  
WRIGHT-PATTERSON  
4881 SUGAR MAPLE DRIVE  
WRIGHT-PATTERSON AFB OH 45433

23 October 2024

MEMORANDUM FOR RECORD

FROM: Kaye Deaton/ 88 MDSS/SGSR

SUBJECT: MHS Genesis Collaboration

1. This memorandum is to highlight the accomplishments and willingness of Maj Sean Barnett in his goal of assisting staff with understanding the logic and capabilities of MHS Genesis. Additionally, this includes his desire to help both the Ancillary and Medical Staff understand code application for various clinic scenarios.

2. Together, Maj Barnett and I collaborated on the following coding training projects:

- Scheduled Appointments
- Walk-in Appointments
- Between Encounters (to include virtual appointments)
- Intermediate vs Comprehensive Evaluation & Management codes vs. time-based
- Group teaching sessions lead by a Registered Nurse

3. Participation in a multipurpose view in Genesis, one that can be viewed from any provider or billing/coding perspective.

- Maj Barnett participated in a group discussion with the coding staff, SGC personnel, and a facility Urologist to understand various screens used by both providers and coders for medical documentation, coding purposes, and the billing concept.

4. Maj Barnett is dedicated to ensuring staff understand the potential of MHS Genesis by expanding training capabilities to increase the knowledge basis for MHS Genesis usage.

DEATON.KAYE.L.  
1265006120

Digitally signed by  
DEATON.KAYE.L.1265006120  
Date: 2024.10.23 14:27:56 -04'00'

KAYE L. DEATON, NH-03, RHIA, CCS, CCS-P  
Chief, Health Information Management





DEFENSE HEALTH AGENCY  
88<sup>th</sup> MEDICAL GROUP  
4881 SUGAR MAPLE DRIVE  
WRIGHT-PATTERSON AFB OH 45433

10 May 2024

MEMORANDUM FOR ALL REVIEWING AUTHORITIES

FROM: T. DAWN SOULATI, NH03

SUBJECT: Character Letter on Behalf of Major Sean Barnett

1. My name is Dawn Soulati, and I am the Director of Clinical and Support Pharmacy Services. I have been at Wright-Patterson Medical Center for over 22 years.
2. I first met, then, Capt Barnett while he was here for his Internal Medicine residency about eight years ago. I knew him as an enthusiastic and caring resident who was eager to learn. He worked well with clinical pharmacy on the multi-disciplinary teams taking feedback and recommendations and offering his own.
3. Major Barnett returned to Wright Patterson following his fellowship in Nephrology. He arrived here ready to help and be involved. He volunteered to be the provider lead for the new Air Force Body Composition program to assess airmen for both medical and physical fitness. He is still excited to learn and to teach others. He drops by regularly to see if our pharmacy advanced practice rotation students have questions about nephrology topics or hypertension. Major Barnett has been a go to for our ambulatory care clinical pharmacist providers when they have questions about patients with uncontrolled hypertension on 4 or more medications. He offers consultation or will accept the patient as a referral if they have exceeded our scope of practice.
4. Maj Barnett is a passionate teacher and clinician. He comes by regularly to discuss new studies and medications. He is constantly trying to learn and better himself. Most recently he has been trying to figure out how to quickly and efficiently update MHS Genesis Power Plans to get the most up to date information and treatment plans into our system. Maj Barnett is a hard worker who has a desire for helping people and learning. He has a lot of energy and drive to make the MTF and DoD the best they can be.
5. Please contact me at 937-257-1427 if you have questions or concerns.

Respectfully submitted,

SOULATI.TERES  
A.D.110045261  
4

Digitally signed by  
SOULATI.TERES.A.D.11004  
52614  
Date: 2024.05.10 15:00:20  
-04'00'

T. Dawn Soulati, NH03  
Clinical Pharmacist Provider  
Director of Clinical & Support Pharmacy



**DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS 88TH AIR BASE WING (AFMC)  
WRIGHT-PATTERSON AIR FORCE BASE OHIO**

1 May 2024

MEMORANDUM FOR ALL REVIEWING AUTHORITIES

FROM: MAJOR ANN WILKINS

SUBJECT: Character Letter on Behalf of Major Sean Barnett

1. My name is Maj Ann Wilkins; I am the Flight Commander for the Nutritional Medicine Department. I have been in this position since July of 2022. I have known Maj Barnett since my arrival when we happened start chatting about preventative medicine and how we were planning to support the Air Force Body Composition Program rollout. Since that time, we have worked closely to create a successful program that Sean was integral in developing and implementing.

2. Maj Barnett is not in my department, but he is an asset to my team. Through collaboration, advocacy, information, or simple moral support he represents the USAF Core Values and the DHA Principles of Ready Reliable Care. He has a fantastic mind for systems and problem solving and I have appreciated his knowledge and expertise. Sean helped my department implement healthy lifestyle changes and education for our Active-Duty Service Members and has championed the Body Composition Program by teaching nearly every lecture since its' inception. Additionally, he has actively engaged with several other departments helping them to find efficiencies and methods to improve patient safety and quality of care.

3. Maj Barnett is a supportive and intelligent physician, a fierce advocate and proponent of health and healthcare, and he is an exemplary officer. My staff and I, hold him in very high regard as he is one of the few physicians that takes time to listen to patients in order to fix the issues that concern them versus being a middleman for referral care. I know of several examples where he went out of his way to support the mission and the people who are fighting for the mission. Sean builds people up and fights to improve the morale and safety of everyone around him. I already consider him to be an asset and believe it would negatively impact my department, this hospital, and the Air Force Medical Service to cast him aside.

4. Please contact me at 937-257-9069 if you have questions or concerns.

WILKINS.ANN.E.13 Digitally signed by  
64720951 WILKINS.ANN.E.1364720951  
Date: 2024.05.01 15:07:00 -04'00'  
ANN E. WILKINS, Maj, USAF, BSC  
Flight Commander, 88<sup>th</sup> Nutritional Medicine

*Strength Through Support*



9 May 2024

MEMORANDUM FOR ALL REVIEWING AUTHORITIES

FROM: KENDRA SCHMUCK, NH-3

SUBJECT: Character Letter on Behalf of Major Sean Barnett

1. My name is Kendra Schmuck; I am Chief of Clinical Dietetics for the Nutritional Medicine Flight. I have been in this position for over 10 years.
2. I have known Maj Barnett for over eight years. I remember him from his residency here at Wright-Patt. We started working on a new program initiative together upon his return. We also worked together in the Dialysis Center. He does not work for Nutritional Medicine however was part of the team that created the MDG group medical appointment that supports the AF Mandated Body Comp Program. He has supported multiple collaborative projects with the Nutrition Clinic and the staff know him well. In 2017, when Dr. Barnett was a resident, I worked with him as part of a Multi-Disciplinary Heart Failure Clinic.
3. I am not a physician but have worked as a team member in Dialysis Centers for over 20 years. Maj. Barnett was very good with the dialysis patients and staff. He took the time to listen to their concerns and earn their respect. He was great to work with. When teaching classes for the Body Comp Program, he related very well with the patients. He was able to get individuals who were mandated to be at the appointment to ask questions and be interested in the topic. It shows that he loves teaching and making complex medical information understandable to patients. He also has a love of learning that is evident when having conversations with him. He is open minded to information and very knowledgeable on various topics. He was one of three members of the Body Comp team that were selected for a pro staff award for innovative ideas.
4. Maj Barnett is an honest and trustworthy physician and a caring and compassionate person. When working on committees with him, he was a generator of ideas but didn't force any of his ideas on others. Within the Body Comp Clinic, he was an energetic advocate and a humble supporting member. I have two good examples of his character. In December of 2022, there was a house fire in the Prairies. One of my airmen lost everything and his entire family was left homeless without food, clothing, or Christmas Gifts. Maj Barnett was their neighbor and immediately came to their aid. He donated food, clothing, electronics for their daughter, and started a fundraiser for them. The second example is the coat and glove donation drive that he ran this December for the homeless shelter. To my knowledge, very few people know of this, but anyone who really knows Maj Barnett would not be surprised that he did these things.
5. Please contact me at 937-257-8815 if you have questions or concerns.

Respectfully,

SCHMUCK.KEND  
RA.M.101169999  
1  
Digitally signed by  
SCHMUCK.KENDRA.M.10116  
99991  
Date: 2024.05.09 14:43:53  
-04'00'

Kendra Schmuck RDN, LD, CDCES  
Chief, Clinical Dietetics

9 May 2024

MEMORANDUM FOR ALL REVIEWING AUTHORITIES

FROM: MAJOR KRISTINA O'KEEFE

SUBJECT: Character Letter on Behalf of Major Sean Barnett

1. My name is Maj Kristina O'Keefe; I currently work in the Education & Training Department and was the Flight Commander from Feb 2023- Feb 2024.
2. Maj Barnett came to the E&T Flight in November 2023. Both he and I were given very little notice and little direction. He hit the ground running and immediately joined multiple ongoing projects. After getting to know him, I would also say he became a friend outside of work and he has become a vital piece of support for myself and my family at work and at home. In fact, I have reached out to him while off-duty and I say he is compassionate and reliable, professionally, and personally.
3. Maj Barnett has become a "Jack-Of-All-Trades" in our department, he joined nearly all ongoing projects and offered valuable insight, collaboration, and expertise. In fact, Maj Barnett began improving many projects within his first month. This has continued throughout his time here and he now assists with most Education and Readiness Trainings, such as Blood Admin Sims/TCCC/PALS/ACLS/TNCC/BLS. He pioneered a difficult idea of multi-disciplinary trainings which has been well received by Pharmacy, Nutrition, Lab, Sim Lab, ER, and Inpatient Medical Wards. All of whom were grateful for his collaborative nature and work ethic and many of whom reached out specifically to request additional projects and support.
4. In the time spent with Maj Barnett he led by example and put Integrity First, Service Before Self, and he is Excellent in all he does. He has become a vital contributor to many ongoing projects, but his ability to lead and inspire people and projects has created a safe and supportive environment in our flight. I would describe him as a morale leader, energetic compatriot, fiercely supportive advocate, and represents the Air Force values and DHA principles of Ready Reliable Care. Due to his uncommon usefulness, I believe it would benefit the E&T Flight, the Medical Group, and the USAF to retain Maj Barnett in the flight.
5. Please contact me at 937-713-3540 if you have questions or concerns.

OKEEFE.KRISTIN     Digitally signed by  
A.L.1366426597     OKEEFE.KRISTINA.L.1366426597  
Date: 2024.05.09 17:12:27 -04'00'

Kristina O'Keefe, Maj, USAF, NC  
Education and Training